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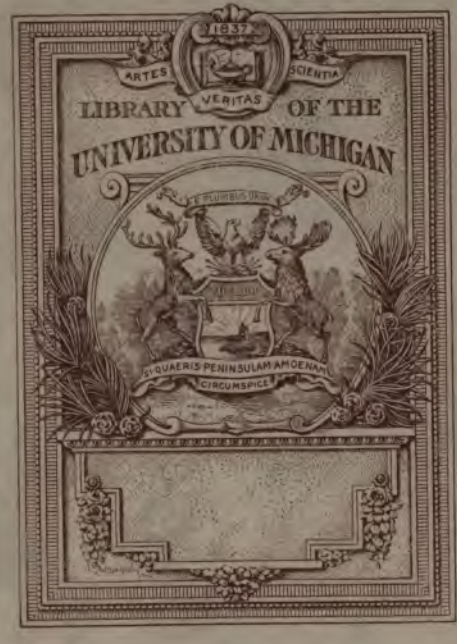

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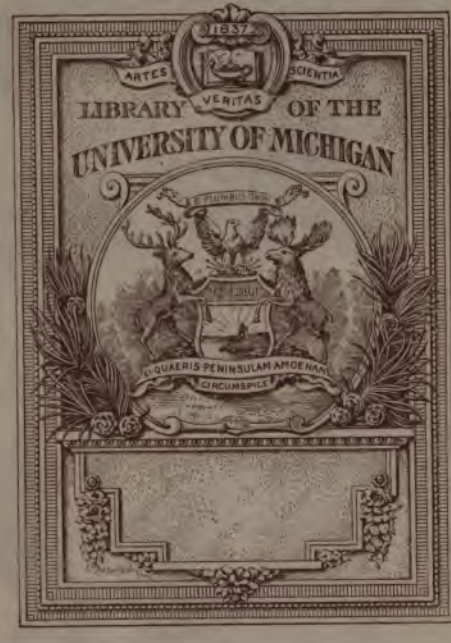

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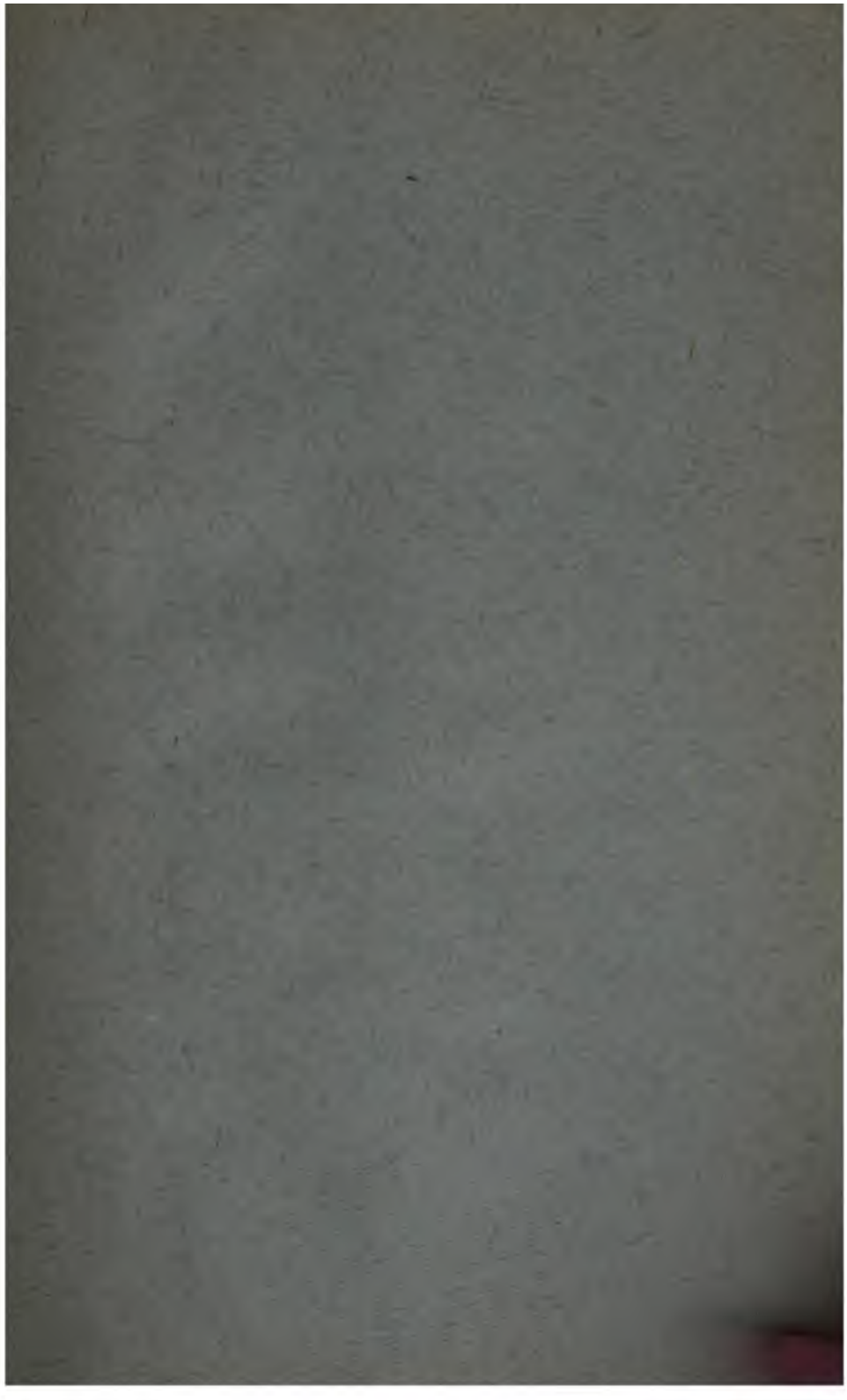

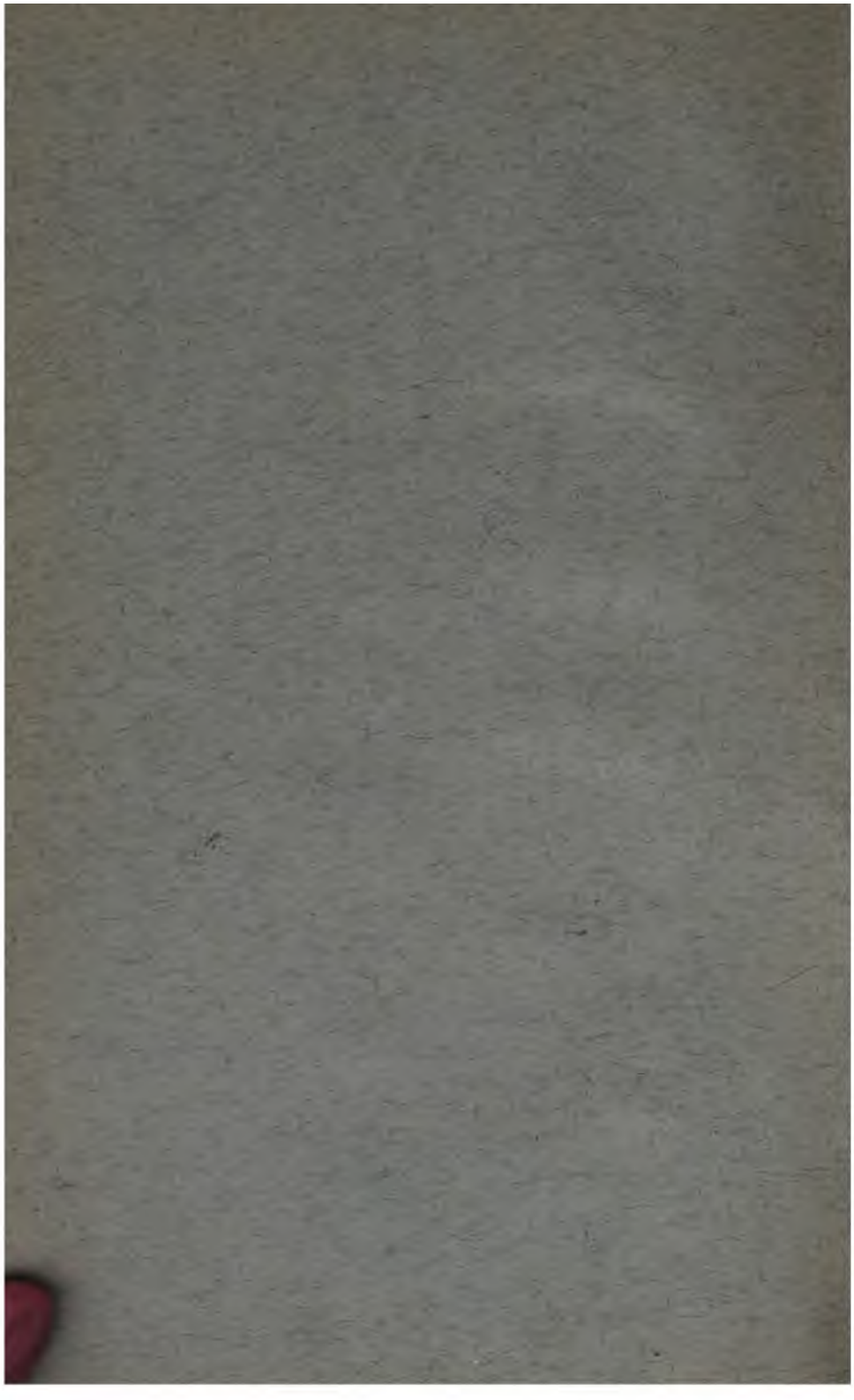

THE MEDICO-PHARMACEUTICAL

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CRITIC AND GUIDE

WILLIAM J. ROBINSON PH. G., M. D., EDITOR

A Journal of Individuality. No policy except the policy of Truth, Honesty and Fairness. Every Reader has an equal show with the Editor to express his Opinion. No padding. No dead Matter. Every line interesting. All Frauds and Humbugs fearlessly Exposed.

1907

12 Mt. Morris Park West, New York.

INDEX of PRINCIPAL CONTENTS 1907

(Roman figures indicate no. of month; arabic figures, the page).

EDITORIALS

Advertisements in the Critic and Guide, J. A. M. A., etc.....III, 16
American Medical Editor..XI, XII.
Antivaccinationists.....VI, 48
Are Physicians Drug Dopers?..XII. 153
As Long as There Is Life There Is Hope.....VI, 50
Attendance in Section on Therapeutics.....VIII, 30
Cabot's Paper on Homeopathy..IV, 2
Certain Kinds of Hypocrisy.....V, 9
Changes in Terminations of Alkaloidal Salts.....VI, 54
Charlatanism in the Medical Profession Regarding Sexual Matters.....VI, 46
Christian Hospital.....V, 14
Cole's Contemptible Catarrh Cure.V, 10
Council on Pharmacy and Chemistry.....V, 5
Cranks, Germs and Disease.....X, 93
Critic and Guide, Altruria and Therapeutic Medicine.....VII, 13
Detail Man, A Word for the...XII, 148
Disgraceful Persecution of Druggists.....IX, 62
Dishonest Sanitaria.....IV, 1
Do Drugs ever Cure.....XII, 156
Do Women Suffer in Labor?....V, 8
Drug Fiends.....VI, 49
Drug Store of Now and of Near Future.....VI, 45
Editorless Journals.....IX, 62
Ethical Editor's Relationship to His Advertisements.....V, 16
Ethical Proprietaries.....X, 100
Everlasting Pill .....VI, 55
Every Day Example and Query.III, 15
Fake Nostrum Concern, Correspondence With.....XII, 149
Female Regulators.....X, 99
Final Word as to Our Advertisements.....V, 14
"Food Should Be Wholesome"..VI, 42
Funny Food Commissioner..XII, 152
Gentle Remarks on the Perennial Subject of Advertising.....X, 95
Holding on to Office.....VI, 44
Homeopathic Doses .....IV, 2
Imitation Products and Just-As-Goods.....V, 12
Important Therap. Information.IX, 63
Inert Drugs.....IV, 3
Individual Prophylaxis.....X, 97
Interesting Question and Explicit Answer.....IX, 53
Internal Treatment of Gonorrhea.VI, 51
Is There Room for Manufacturing Pharmacists?.....X, 96
Jewel of Consistency Again.....XI, 122
Labelling Pills and Tablets According to the Pure Food Law....IV, 1
Lodge Practice Evil.....XII, 147
Mandragorine Killed at Last....III, 10
Medical Experts at the Thaw Trial.....V, 11
New York Druggists and U. S. P., I, 5
Nicotine and Tobacco.....VI, 49
No Canned Editorials.....III, 1
No Hope for Nostrums.....XI, 121
Nomenclature of Proprietary Remedies.....I, 3
Notes of the A. M. A. Meeting.....VIII, 1
Official Journal; Our Fears Are Being Realized.....III, 15
Open vs. Ambush Fight.....V, 3
Our New Orleans Paper and the Council of Pharmacy.....III, 3
Pernicious Stupidity of Anthony Comstock.....II, 2
Peruna Tablets—Rejoice.....XI, 121
Pessimism in Medicine, A Remedy for.....XII, 145
Philip Mills Jones Excluded from the Exhibits of the A. M. A.....V 10
Piece of Monumental Hypocrisy..V, 4
Pills for an Earthquake.....VII, 13
Point Frequently Overlooked in Treatment of Syphilis.....III 8
Proper Study of Man Is Man...III, 13
Prescribing of Digestive Ferments in Combination.....V, 14
Prevention of Conception.....III, 14
Prevention of Conception, Formula for.....XI, 157
Prevention of Syphilis.....II, 5
Pure Food Act and Fraudulent Nostrums.....XII, 154
Quackery, Will It Always Exist?.....XII, 155
Real Tainted Money.....IX, 60
Regulation of Reproduction.....I, 2
Rupert Wells, the Cancer Quack.XII, 158
Section on Therapeutics.....VII, 2
Serum-Therapy and Dr. Tilden..II, 4
Sex Function, Overvaluation of.VII, 14
"Short Talks on Medicines"....VII, 6
Story of Rose and Edward.....V, 1
Story of Rose and Edward....VIII, 32
Tainted Money.....VI, 52
Theoretical Pharmacologist vs. Practical Therapeutist.....III, 12
Therapeutic Nihilism.....VI, 42

Things Are Coming Our Way...III, 11
Truth on Original Package Question. .....X, 98
Utilize the Summer.....VI, 41
Vaccination Again. .....II, 3
Venereal Prophylaxis; Criticism and Reply.....XI, 122
We Hate Bureaucracy.....III, 2
What Is the Moral of this Incident? .....V, 11
What Took Place in the Section on Therapeutics? .....VII, 4
Who Is Not With Us Is Against Us. .....IX, 61
Whom the Gods Would Destroy They First Make Mad.....IX, 57
World Wide Difference.....XII, 152
Young Voltaire. .....V, 3

GENERAL

Alcohol in the Treatment of Felons. .....II, 23
Apomorphine as a Sedative.....III,..38
Application for Sores and Ulcers.III, 39
Aspirin in Gynecologic Affections.II, 24
Bad Specimen of Christian Science. .....II, 22
Pharmacopeias of the Globe, L. Lodian. .....IV, 4
Burning Feet in Prostatic Trouble. .....IX, 84
Bursting of Standardization Bubble. Wm. J. Robinson, M. D.....VIII, 48
Collargol as Disinfectant in Wounds. .....I, 28
Collargol in Gonorrhea.....III, 39
Composition of Some So-Called Synthetics and "Ethical" Nostrums. William J. Robinson, M. D. .....III, 29
Do Drugs Have Any Value? A Challenge. J. H. Tilden.....II, 27
Druggist and Doctor. F. E. Jenner. .....VII, 23
Eartire as Factor in Disease. E. H. Musson, M. D.....IX, 77
Education as an Adjuvant. E. E Munger, M. D.....XI, 134
Effects of Lascivious Conversations, etc., in the Causation of Sexual Excesses. A. E. Sterne, M. D. IX, 85
Etiology of the Social Evil. Chas. Chassaignac, M. D.....IV, 9
Enthanasia in Tuberculosis....VIII. 52
For Bilious Vomiting.....II, 30
Get a Backbone. Wm. Lee Howard, M. D.....X, 101
Give Mother Nature a Chance. VII. 28
Glands of Bartholin. R. W. Shufeldt, M. D.....IX, 68
Glycerophosphates in Neurasthenia. .....III, 36
Gonorrhea and Race Suicide. Emory Lanphear, M. D.....II, 7
Gonorrheal Rheumatism.....III, 37
Half-Finished Human Race. Herbert N. Casson.....III, 34
Have Your Ammunition Ready. III, 41
Homeopathy and Dr. Cabot. J. H. Lopez, M. D.....VII, 25 XI, 139
Homeopathy and "Regular" Medicine. W. B. Robinson, M. D...IX, 71
How Far Do Homeopathic and Other Physicians Agree, and How Can They Agree? Richard C. Cabot, M. D.....IV, 11
Hyoscine-Morphine-Cactin Compound. F. A. Harper, M. D...V, 24
Independence in Medical Journalism. .....XI, 126
Infant Mortality. Charles E. Page, M. D.....XI, 130
Influence of Food in Promotion of Health and in Production of Disease. John L. Heffron.....IV, 20
Informal Chats on Therapeutics. George F. Butler, M. D.....VI, 55
Interesting Prescription Incompatibilities. Wm. J. Robinson, M. D. .....X, 115
Intuition in Prognosis.....XII, 169
Laughter and Long Life.....XII, 170
Light Matter—Jokes, etc..XII, 173, 177
Lotio Alba. .....III, 39
Man With Whom You Must Live. A. L. Benedict, M. D.....I, 21
Materia Medica of the Individual Physician. A. L. Benedict, M.D. V. 19
Muscle Stretching for Hiccoughs..I, 27
Newspaper Prescribing. .....XI, 127
Not Every Patient Needs Medicine. .....I, 26
Novel Method of Using Strychnine and Hydrastine in Sexual and Vesical Weakness. Wm. J. Robinson, M. D.....III, 19
Official vs. Independent Medical Journals. Wm. J. Robinson, M. D. .....X, 103
Optimism in Medicine. George F. Butler, M. D.....VII, 16
Over-Treatment in Gonorrhea. Wm. J. Robinson, M. D.....VI, 63
Passing of Maximum and Minimum Doses. Geo. F. Butler, M. D. III, 26
Physician and His Mission. Victor Robinson. .....III, 28
Plea for the Average Doctor. W. C. Abbott, M. D.....V, 27
Prescription Incompatibilities in a Nutshell. Wm. J. Robinson, Ph. G., M. D.....II, 23
Prevention of Conception a Social Necessity and Duty. Wm. L. Holt, M. D.....IX, 65
Prevention of Conception. A. L. Benedict, M. D.....X, 110

174422

Professional Pharmacist, The Hardships of.....XII, 163
Prostitution Problem in Its Relation to Law and Medicine. Ludwig Weiss, M. D.....II, 8
Relation of Excesses to Nervous Diseases. Alfred Gordon, M. D.X, 110
Responsibility of Physicians, Dentists and Druggists in Relation to Venereal Diseases. G. Morgan Muren, M. D.....V, 30
Scaring Away the Stork. Geo. F. Butler, M. D.....I, 17
Sex Relations. Actual and Ideal. Rev. N. E. Boyd.....VIII, 33
Sexual Education. H. C. Buck, M. D. .....IV, 26
Spectre of Examinations. Osler. VII, 27
Suicide of School Children...XII, 161
Syphilis and Marriage.....VI. 65
The Larger Doctor. Herbert N. Casson. .....V, 23
Therapeutic Value of Digalen..II, 23
Therapeutic Tips.....XII, 179, 180
Treatment of Angina Pectoris..II, 23
Treatment of Chancroid.....V, 40
Treatment of Chancroid. Wm. J. Robinson, M. D.....IX, 80
Treatment of Chilblains.....V, 40
Treatment of Chronic Leg Ulcers. .....II, 25
Treatment of Cracked Nipples..V, 40
Treatment of Diabetes.....V, 40
Treament of Gonorrhea and Its Complications. Wm. J. Robinson, M. D.....I, 14
Treatment of Gonorrheal Arthritis. .....I, 30
Treatment of Gonorrhea With Quinine. .....IX, 83
Treatment of Goiter.....V, 40
Treatment of Incontinence of Urine. .....III, 36
Treatment of Irritable Sexual Impotence. .....V, 40
Treatment of Lumbago.....V, 40
Treatment of Mumps.....V, 40
Treatment of Perspiration of the Feet. .....V, 40
Treatment of "Postero Cystitis." Prof. E. Kromayer.....I, 11
Treatment of Itching Dermatoses. .....IX, 91
Treatment of Pruritus Ani.....V, 40
Uncured Gonorrhea.....I, 28
Useful Suggestions.....III, 40
Use of Hospitals by Private Physicians. Wm. Jacobson.....VII, 26
Vaccination. Geo. Pyburn.....IV, 32
Vaginitis in Children.....III, 40
Vaginal Tampon. .....II, 25
Variability of Galenical Preparations of Digitalis.....II, 26
What Can Be Accomplished in the Control of the Social Evil and Venereal Disease. Prof. Robt. N. Wilson.....I, 25
When Morals or Ethics Conflict With the Interests of the Patient or of Society. A. L. Benedict, M. D.....VI, 59

BOOK REVIEWS

American Idea. III
Biographic Clinics. VI
Compend of Materia Medica, Therapeutics and Prescription Writing. I
Compend of Pharmacy.....I
Diseases of the Digestive System. I
Diseases of the Lungs.....III
Diseases of the Nervous System. .....XII, 178
Dispensatory of U. S. A.....IX,
Dyspnea and Cyanosis.....XII
Ear and Its Diseases.....II
Heart Disease and Blood Pressure. X
Internal Secretions, Vol. II, XII, 178
International Clinics..I, II, VI, IX
Introduction to Materia Medica and Pharmacology. II
Modern Physio-Therapy.....I
Paraffin in Surgery.....VI
Physical Chemistry in the Service of Medicine.....II
Physical Diagnosis. IX
Physiology of Alimentation....IX
Plaster of Paris and How to Use It.....VI
Practitioner's Medical Dictionary. III
Primer of Psychology and Mental Disease. II
Principles and Practice of Dermatology. IX
Pulmonary Tuberculosis. II
Psychology Applied to Medicine. VI
Roentgen Rays and Electro Therapeutics. X
Teeth and Their Care.....II
Text Book of Psychiatry. VI
Toxins and Venoms and Their Antibodies. II
Toxicology. I
Tuberculosis. IX
Wonders of the Colorado Desert. VI

MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. Single copy, 25c. Foreign, $2.00; 8 Sh.; 8 Mks; 10 Frcs.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VIII. NEW YORK, JANUARY 1907 No. 1.

We received many inquiries from C. & G. subscribers as to who was the Editor of *Therapeutic Medicine* and *Altruria*. They wanted to know before they subscribed. Well, the Editor of the CRITIC AND GUIDE is also the sole Editor of *Therapeutic Medicine* and of *Altruria*.

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* * * *

Altruria will be of interest only to people who delve in social, moral, political, philosophic and economic questions. It is for the elite and the cognoscenti only. *Therapeutic Medicine* is purely medical and is intended for physicians only.

* * * *

We are starting on a new year. The year that has just closed has been *our* best year. Not only have we doubled our subscription list, not only has the CRITIC AND GUIDE gained in strength and influence, but the ties that bind our subscribers to us have become stronger and firmer and our relations have become more cordial, and more personal. And it is this fact that gladdens our heart more than anything else and convinces us that the CRITIC AND GUIDE has a real reason for existence. At any rate thousands of subscribers are endeavoring to make us believe that the CRITIC AND GUIDE is occupying an important position in their hearts and in their lives and that they would not exchange it for any other journal published. They would subscribe for it, they tell us, if the subscription price was $10 a year, and its discontinuance would be an irreparable loss to them.

It is pleasant to know that you have a mission to fulfill and that you are fulfilling it—fairly well.

The Regulation of Reproduction Problem—Its Importance.

This important question—the question of prevention of conception—will receive the greatest attention during the coming year.

I consider it the most important problem affecting the welfare of humanity *because I know*—

Because I know of thousands of families who would be perfectly happy if they only knew the proper method of regulating the number of their offspring.

Because I know of thousands of young men who would be glad and happy to get married, but are restrained from doing so by the fear of too many children.

Because I know of thousands of young men, who, restrained from marrying by the fear of too many children, have, in consequence, contracted venereal disease or have become addicted to dangerous sexual irregularities.

Because I know of thousands of women who have become chronically invalided by too frequent childbearing and lactation.

Because I know of thousands of women who have become incurable invalids by improper attempts at prevention of conception.

Because I know of thousands of men who are pitiable sexual neurasthenics from coitus interruptus, which they practice thru ignorance of better methods of prevention.

Because I know of thousands of women who have actually killed themselves, have been driven into early graves by abortions or attempts at abortion.

Because I know of thousands of children whose education has been neglected, who were improperly brought up on account of the mother's inability to attend to too many.

Because I know of thousands of children who, borne by their mothers unwillingly, in anguish and in anger, were born mentally and physically below par only to be a burden to themselves and to others.

Because I know of thousands of children who, born of epileptic, syphilitic or tuberculous parents, should not have been born at all, because they came into life handicapped, had to fight against severe odds, lived a poor life and died an early death.

Because I know many other things which cannot well be spoken of, but which cause boundless misery to men, women and children; and this unnecessary misery will disappear only when the people have learned the proper method of regulating the number of their offspring.

Human beings are not animals and they should have a right to say how many children they will have, how frequently they will have them and when they will have them.

There is no single measure that would so positively, so immediately contribute towards the happiness and progress of the human race as teaching the people the proper means of prevention of conception. This has been my sincerest and deepest conviction since I have learned to think rationally. It is the sincere and deep conviction of thousands of others, but they are too cowardly to express it in public.

The Nomenclature of Proprietary Remedies, or Sextonol Tablets and Dr. Hallberg.

When I started out to criticise certain evils in the proprietary medicine business, I did not have the remotest suspicion that the resulting movement would be so completely side-tracked and would degenerate into attacks on labels, price of product, nomenclature, etc. There are many points on which our reformers, whose sincerity in most instances is beyond question, have gone to ridiculous extremes, but it is the nomenclature of proprietary products which I want to discuss in this editorial. The principal advocate of the necessity of a complete change in the nomenclature of proprietary products is my friend Prof. C. S. N. Hallberg, who by the way has been a *Critic & Guide* subscriber from its first issue and has sent us a number of subscriptions. Good old Hallberg has gone daffy over this subject of nomenclature. He calls it the "crux" of the whole matter, the principal cause of all the evils of the proprietary business. Now, friend Hallberg, just leave the beer alone for a while and let us discuss the subject dispassionately. Perhaps I will succeed in convincing you that the subject—the fanciful nomenclature is but a microscopic evil, is of very little importance to anybody, and that anyhow the manufacturer has a right to give his product any name he chooses, provided he gives us correct information as to its composition.

Let us take a concrete example. I have always preferred the concrete to the abstract, and if my articles hit the nail on the head, it is because I do not wallow in glittering generalities. You have shown—both in print and in private conversation, with me—a particular dislike to the names dyonol, sparmod and sextonol, which Messrs. Schering & Glatz have seen fit to give to their compound glycerophosphate tablets. What is there essentially wrong with those names? They are short, convenient, unmistakable. They save the doctor lots of time. I, for instance, have occasion to prescribe Sextonol tablets very frequently as I find them exceedingly useful in cases of sexual neurasthenia, of which you know I have a large number. Now why should I be obliged to waste time and to write each prescription: Tabellae e sodii, calcii, ferri, manganii, quininae et strychninae glycerophosphatibus, having to add the quantities and the full name

(if I wish to avoid substitution), when by writing two words, I make it perfectly plain to the druggist what I want, with no chance of misapprehension?

But here comes our friend's sledge hammer argument. If we write a short catchy name, our patient will know what he is taking, and will then buy the medicine without the physician's prescription. This silly bugaboo, which is being used extensively to frighten physicians from ordering in original packages makes me smile, and nauseates me slightly. I confess I have no such fear. The patient who comes to me knows that certain remedies are for certain stages and varieties of disease, and because I prescribe a certain remedy to be used for one or two weeks, it does not follow that he can use it indefinitely. Not only will he not go and renew the sextonol tablets without my order, but if he has half a bottle left and I tell him to discontinue them, he will do so. He will not take the medicine one day longer than I tell him to. What does he put himself under my care for? No doubt there are some fool patients—as there are fool physicians—and there is no telling what a fool may or may not do. But we are not regulating our actions for fools, but for normal men. And dealing with normal, intelligent men and women, I find no need whatsoever for secrecy, for concealment. My patients know just what they are taking, and what they are taking it for. The poorly equipped physician who has no bottom to stand on may be in need of secrecy; the true physician who is master of his profession has no need of enveloping himself in a shroud of mystery. Witchcraft and alchemy have no place in modern medicine, especially when dealing with intelligent patients.

In conclusion, let me tell you a little story, which has been the immediate exciting cause of this editorial. A physician under my treatment to whom I prescribed sextonol tablets found them remarkably efficient in his case and having a patient similarly afflicted he decided to give him the same remedy. But he was very "ethical"; he did not believe in short trade-marked names and *he* would not aid selfmedication by the laity. So he took his prescription blank and wrote as follows:

℞ Sodii Glycerophosphatis .....gr. ii
Calcii Glycerophosphatis.....gr. ii
Ferri " .....gr. ½
Mangani " .....gr. ¼
Quininae " .....gr. ¼
Strychninae " .....gr. 1/200
Mf. tablet No. 1 Tal. Dos. No 100

After several hours the patient got the tablets, for which he was charged $2.25 (the price of 100 sextonol tablets in original bottle is seventy five cents). But this is nothing. On the following day the tablets began to deliquesce, and got so

wet that they formed almost one mass. It was impossible to take them. An investigation disclosed something worse yet. The druggist, not by any means of the worst type, had only the first two salts in stock. He sent out for the others to a neighboring drug-store, but could not get them. To order from the wholesaler "would not pay," as he might not have another call and the stuff would prove dead stock. So he took the liberty of making up the prescription thus: He used the glycerophosphates of sodium and calcium, he left out entirely the iron and managnese, and instead of the glycerophosphates of the alkaloids, he gave the corresponding sulphates.

I do not believe the doctor will again attempt to write similar prescriptions. Still you don't know what a fanatic may do.

This example is only one of many. I know of very many instances in which unpleasant and unlooked for results followed the doctor's attempt to prescribe a well-known proprietary not by its real name, but by some quasi-scientific, U.S.P. or N.F. appelation. Don't do it. Write the most complicated and complex prescriptions whenever indicated, but if you want a proprietary product, prescribe it by its original name, if you wish to get what you intend to get. Never mind the fancifulness of the name. It is nothing in comparison with the danger of obtaining a worthless substitute.

And now, friend Hallberg, I have had my say. If you have anything to answer to my arguments you know that the pages of the CRITIC AND GUIDE are always open to you. If you do not reply I will take it for granted that my arguments are unanswerable.

And now you may resume your Pilsener (or is it Milwaukee?). And I will take some lemonade.

Do the New York Druggists own Pharmacopeias?

Some East Side druggists were surprised one afternoon, a few days ago, to have two gentlemen come in and ask to see the pharmacopeia and to recognize in one of the gentlemen the Editor of the CRITIC AND GUIDE, *in persona propria*. They knew that the Editor of the CRITIC AND GUIDE did not make calls down town, on the East Side, and they were surprised, as well they might be. Well, here is the solution of the mystery. A gentleman, whom we will call Dr. Smith, because that is not his name, made the statement that New York druggists, especially of the East Side, were too mean and too stingy to buy a new pharmacopeia. The Editor told him that he did not know what he was talking about. Dr. Smith then made the statement that he knew it as a fact; that he had visited five or six drug stroes in succession and not one of them had a new pharmacopeia. The Editor, in his rather impulsive way, told him he was a d——

liar. Which was not parliamentary, but true. Dr. Smith got excited, and to make a long story short, it was decided to *prove.* And I was obliged to take an afternoon off. And we visited some of the poorest drug stores in the Italian and Jewish neighborhoods, and every drug store had either the latest pharmacopeia, or the latest dispensatory, while some had both. After visiting a dozen drug stores Dr. Smith confessed that he was wrong; that he had not visited any drug stores; that he made the statement on somebody's information, or because he had read it somewhere.

Which teaches us an important lesson: do not palm off somebody's hearsay or your own pipedreams for facts.

Some Very Important Editorialettes.

During the year 1907 the CRITIC AND GUIDE will continue the same free lance that it has been since the day of its birth—only perhaps more so. It will continue its aggressiveness without malice, without personal bias, aggressiveness in the sole interests of truth and for the benefit of humanity at large.

* * * *

We have succeeded in abating the evil features of the nostrum business to a great extent, but other evils of *far more sinister portent* are making themselves felt and it shall be the painful duty of the CRITIC AND GUIDE during the coming year to attack and expose those evils—for no other journal will.

* * * *

Every physician should study the history of medicine. It will do him lots of good. Besides the intrinsic interest of the subject, it will teach him not to bow to, not to be bound by, authorities. For he will be struck by the amazing fact, that there was not a beneficent discovery, there was not a life-saving measure, there was not an inspiring and broadening thought that was not ridiculed, condemned or even cursed by "authorities," by the smug and respectable professors and big wigs. Medicine would now be much further than it is, but for "authority"!

The first lesson the recent—or old—graduate wants to learn is to snap the chains of authority and to learn to reason and to think for himself.

I had to unlearn lots of things when I left college.

* * * *

The Editor of the CRITIC AND GUIDE has been a revolutionist from the time he has been able to think. Only an intellectual cretin and moral imbecile can be satisfied with conditions as they are. And if there is one thing he hates deeply, it is beaurocracy

—beaurocacy in politics, in religion, in medicine. Beaurocacy puts a blight on every human endeavor, and it is the duty of all humanitarians and libertarians to sink their minor differences and fight the threatening growth of bureaurocracy tooth and nail. (Yes, there is one thing that is even more hateful than beaurocracy, and that is: hypocrisy, doublefacedness).

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The *Medical Record* and the *New York Medical Journal* are spoken of contemptuously by some of the state publications as "private published-for-profit" journals. Well, anyway these journals never speak in their editorial or text pages of their value as advertising media. It was left for some of our ethical state journals to blow *editorially* about themselves as advertising vehicles and to threaten manufacturers with boycott unless they advertised in their pages. See for instance the *Jour. of the S. C. Med. Ass.* for October. And so the world goes: A step forward, and a step—sometimes two—backward.

* * * *

There is one thing that the worst enemies of the CRITIC AND GUIDE have never said about it, and that is, that it ever shirked an issue, that it ever refused to print a criticism, that it ever refused to enter into a discussion on some fundamental point. We wish we could say the same of some other would-be ethical journals. The *California State Journal* reproached the *Medical Record* for carrying certain ads. Now I am not fighting the *Record's* battles; it is strong enuf to fight for itself. But hating hypocrisy to the very utmost, I wrote Jones, showing him that many of the ads. he carried were not a bit better or different from those he attacked. Did he try to explain things or to show that his attitude was correct? Not he. He gave the lame excuse that he was "too busy." O, consistency, thou art like mud —with some people.

Yes, and I showed Jones that the *very same* advertisements for which he condemns the *Medical Record* and the *New York Medical Journal* are carried by a large percentage of his State Journals. I asked him to attack those journals by name and to sweep his own Augean stables first. But—no response. Which goes to show that there is a difference between sanctimoniousness and saintliness, between sincerity and hypocrisy.

* * * *

When we see State Journals, whose function is distinctly not to make money, scramble for advertising, as if their very life depended on it; when we see them use the prestige of their official position as a club to frighten advertisers into their pages, when we see most of them carry all kinds of products that have been written up and anathemized by the J.A.M.A., we say, when

we see all this, we have not the heart to condemn the private journals for not being over particular as to the contents of their advertising pages. Unless the State Jourals at once show a desire to be sincere and consistent, I will have to give the private journals absolution for all their sins.

* * * *

Because I attack the *Medical Brief* it does not follow that I agree with everything in the *California State Journal.* Insincerity and hypocrisy are contemptible wherever found and the lord knows there is plenty of those qualities in the latter journal as well as in several other State Journals.

* * * *

When a patient comes to consult me and pays me a fee, then my sole sacred duty is towards that patient and towards nobody else. And I am going to use on him and prescribe for him whatever I consider most useful for him, regardless of all other considerations. Whether the preparation is trade-marked or not whether it has a fanciful name or not, whether it has a circular around the bottle or not, whether the druggist makes 50 or only 5 per cent profit on it—for all these things the patient does not care a picayune; and neither do I.

* * * *

There are very persistent, and apparently well founded rumors that the official journals have determined, by means fair or foul, to kill off the independent journals. If such attempt proved successful, it would be the greatest misfortune that could befall the medical profession. No profession can progress without independent, antagonizing journalism. But the attempt will fail and fail ignominiously. However, it is well to know how things stand; for war is war, or as my friend Napoleon Bonaparte used to say: *à la guerre comme à la guerre.*

* * *

We have received several—solicited and unsolicited—criticisms on some of the advertisements we are carrying. Practically there is not a single ad. that has escaped criticism, but with particular venom and persistence have the batteries been directed against Antiphlogistine, Vin Mariani and Pepto Mangan. Some of the criticisms are apparently well founded, others are perfectly silly, merely betraying the parrot ignorance of their writers. But good or bad, wise or silly, we shall answer all criticisms *in extenso* in the February issue. We thought of letting the subject rest; but if our friends and enemies are determined to agitate it, we are satisfied. Again we must repeat: we never evade a question, we never shirk an issue.

Original Articles

So-called Physiologic Therapeutics.

By W. C. Abbott, M. D.

The profession is constantly running after strange gods. Fads and Fancies we have a-plenty. Just now the popular form of mental aberration is what is with matchless effrontery termed "physiologic therapeutics." Under this designation are included electrotherapy, hydropathy, climate, rest, mechanotherapy, suggestion under no disguise, sera, all methods requiring the use of apparatus, and, in a word, all except the use of drugs. Men should not use terms they are unable to defend, and we would like to know just why these methods should appropriate to themselves the fetching title of physiologic. If it is anything more than a name to catch the eye of the indiscriminating public and if it has any but an indefinite and indefinable idea behind it, we would gladly be informed. Why is the inhalation of a medicine in vapor any more physiologic than the administration of the same drug by the stomach or the skin? Why is the use of a drug whose qualities we know, less physiologic than that of the X-Ray or radium whose powers are absoultely unknowable?

As a matter of fact, the applications of the miscalled physiologic methods are strictly empiric and nothing more. A few examples:—One of the masters in electricity(who has used and taught its applications for years) puts on the insulating chair a man who has just come from the oculist, and whose pupils are dilated with atropine. When the current is applied the patient finds that he is able to see to read, tho as soon as the current is turned off his pupils are again disabled by dilation. Now if the electric practician, knowing of the action of his current, had produced this effect designedly it would have been strictly scientific medicine. As he was not aware that this effect would follow and was as much surprised as the patient, it is evident that the application was strictly empiric.

In a great Philadelphia hospital recently a man was stretched on the table and a light ray applied. The patient promptly died. Why? Did the operators know that he would die? Then they did not know the action of their remedial agent, and were experimenting. Empirically—seeking to ascertain by experiment the effects of their remedy. They found it. Was this strictly scientific, physiologic therapy or strictly unscientific empiricism?

Scientific Therapeutics we deem to be the application of a remedial measure to produce an effect we know will follow the application, and which effect we have determined to be desirable.

It may be a drug or any other remedial application. The only rule as to choice is what is the best means of securing the desired result. The man who selects a so-called physiologic remedy when he knows or believes that a drug is better is as bad a quack as ever disgraced the profession.

We have no quarrel with any of these indirect methods of therapy, and use each and all of them whenever we believe them to be the better. But in the vast majority of instances we find that we can get the results we want from drugs far better than from any other agencies—quicker, cheaper, more directly and accurately, with less uncertainty. Drugs must and always will form the greatest of our means of combating disease. The difficulty has not been with the drugs but with ourselves, in that we have not known how to use them. We have not taken pains to ascertain exactly what each drug will do and we have not administered them singly so that we could recognize their effects and know when the patient had had enough. Much of the difficulty was due to the imperfection of our knowledge of physiology and pathology, but this is being remedied. Much more is to be credited to the vicious habit of polypharmacy by which the effects of any drug are so obscured that it is impossible for the observer to distinguish them. This in turn has been mainly caused by the uncertainty of the crude drugs employed. What worse polypharmacy could we perpetrate than in administering opium with its 26 different principles?

We must revive drug therapeutics. But the world never takes a backward step and it is useless to ask it to make an exception to suit our wishes.. The old drug therapy has been tried and found wanting. It is a very old story, and the world doesn't care to hear it again. If we have nothing better to offer we may as well take our places among the hasbeens and gaze on the procession from our easy chairs.

When a man knows he is right he can afford to wait for the general recognition of that fact—and we are not worrying. We have said it before and we take this opportunity to say it again—this active principle movement is neither a shrewd commercial enterprise, nor is it an inconsequential substitution of a rather better class of remedies for those in common use. It is a revolution in therapeutics and nothing less. You do not see this, because you have not studied the matter, nor have you put the active materia medica in practice. When you have learned to utilize these unvarying agents, have become familiar with therapeutic certainties, have got to know and expect with sureness the results you aim for, have learned to intervene promptly and strongly because surely, have comprehended the application of remedies to the pathologic conditions present instead of vainly trying to fit drugs to diseases as entites, you will realize the true meaning and the far-reaching significance of my words.

Treatment of "Postero-Cystitis" by the General Practitioner.

By Professor E. Kromayer, Berlin.
From the Ostkrankenhaus for Skin and Venereal Diseases, Berlin.

In view of the general prevalence of gonorrhea, every case cannot be sent to the specialist, and the general practitioner will often be called upon to treat this disease. As a rule, the latter will give general directions and will prescribe an injection in the average case, but a specialist will usually be called in as soon as the inflammation spreads from the anterior to the posterior portion of the urethra, particularly if the patient experiences severe subjective disturbances. The direct treatment of the neck of the bladder is generally considered too difficult. This is especially true for the very effective instillations of silver nitrate according to Guyon and Ulzmann. The main difficulties of these excellent methods are the necessity of employing solutions of various concentrations from ¼ to 2%, and the careful introduction of the catheter so that its tip is accurately located at the neck of the bladder.

When I took charge of the "Ostkrankenhaus fuer Haut-und Geschlechtskrankheiten" six months ago, I became aware of the necessity of adopting some convenient, yet efficient method of treating a large number (40 to 50 on the average) of our patients suffering from gonorrhea. A treatment carefully individualizing in every case is no doubt desirable and can very well be carried out in private practice, but is not always practicable in a hospital. The only two preparations of silver (protargol and largin) which I considered to be suitable substitutes for silver nitrate from former experience did not come up to expectation. The new silver compound, albargin, on the other hand, gave good results. As injection or irrigation of the anterior urethra with a solution of 1:1000 rapidly and effectively diminished the secretion without irritating. Since the duration of contact is much less in the posterior urethra, it is of course necessary to use much higher concentrations here, just as with the silver nitrate itself.

If a 2% solution of albargin be injected into the neck of the bladder and the bladder itself, no symptoms of irritation will appear, even if the entire contents of the Guyon syringe (4-5 cc.) be employed.

In short, the technique is as follows: A silk catheter is passed into the bladder, the urine is withdrawn and 5 to 10 to 20 cc. are injected with a suitable syringe, holding about 50 cc., attached to the catheter. The syringe is then removed from the catheter. The injected solution will begin to flow out and the catheter should now be withdrawn until this outflow ceases. The eye of the catheter will now be in the neck of the bladder and 5 to 10 to 20 cc. more are injected. With a 2% solution, a reaction will hardly ever be observed. A 4% solution, used in the same manner, will give rise to pain and irritation, so that this

concentration should only be employed in exceptional cases. The most suitable concentration is 3%, since it is more effective than 2%, without irritating as much as 4%. In the majority of cases, the use of a 3% solution every second day will cure a posterior gonorrhea and cystitis in 1 to 2 weeks. This method has been introduced into the hospital as routine and can be recommended to the general practitioner as convenient, reliable and non-irritating.

Tho most stress has been laid upon the local treatment, there are may cases, so irritable and with so acute a process that it is impossible to introduce an instrument into the urethra during the first days of the disease. It is here necessary to restrict the treatment to the use of internal drugs. The hospital has the advantage over the dispensary, since rest in bed and the avoidance of bodily exertion and excitement alone will accomplish much . In addition, the patient drinks plenty of water or large quantities (5 to 10 litres daily) of a weak infusion of uva ursi. The patient is instructed to urinate frequently, so that the bladder does not become over-distended and the infecting discharge and turbid urine are frequently washed away. This treatment is excellent not only in acute cases of posterior urethritis, but also where the disease is chronic and persistent. In pronounced inflammation of the anterior tract there may however be undue irritation.

In the treatment of dispensary cases, this method is not practicable since the patients may not be able to urinate so often and it may easily happen that the bladder becomes over-distended. The beneficial effects of washing out the bladder will here be diminished by the irritation of the mucous membrane.

For many years, such cases have been treated with internal remedies. Cubebs and copaiba frequently give rise to renal irritation and have now been almost entirely replaced by the oil of santal. More recently, a large number of new preparations have been placed upon the market. Among these, Kava Kava and chemical derivatives of the oil of santal have attracted most attention. I have tried a number of the most important ones (Santal, Santyl, Kava-Kavin) in the hospital during the last months and will report later. Owing to their composition, two preparations seemed especially promising: Kava-Kavin, a combination of Kava Kava with urotropin, the well-known and excellent remedy in protracted disease of the bladder with urinary decomposition, and secondly, Santyl, a chemical combination of santalol with salicylic acid. The former ingredient is the active component of the oil of santal, the latter is a reliable antiphlogistic and disinfectant. Both drugs were given alternately in a large number of patients so that if the turbid urine did not clear up after several days' administration of one remedy, the other one was substituted.

It was soon found that in many cases the urine only cleared up when the santyl was given after the kava preparation had been used, while conversely, very few cases were benefited when kava-kavin was substituted owing to insufficient action of santyl. It is very difficult to judge the action of a drug properly since the inflammation will frequently abate without medication. Consequently, the drug which has been used need not necessarily be responsible for the good effect. But if several hundred cases have been under observation and the results are always the same, a misinterpretation is not possible. A more careful examination of the cases showed that kava-kavin is to be preferred in old, protracted cases of cystitis, while santyl is more beneficial in recent cases, thus confirming the experience already made with the oil of santal.

Santyl is vastly superior to the oil of santal in that it never gives rise to irritation of the stomach. Not a single complaint in this respect was heard among several hundred cases treated at the hospital with santyl. It is very difficult to decide if the acid in the santyl is partly responsible for the favorable action of the drug. My own experience leads me to believe that the effects of santyl are more pronounced than those of the oil of santal. The following observation will confirm this; I noticed during one of my visits that the superior action of santyl was no longer as evident and that in a large number of patients, the second portion of urine had not cleared up. Upon investigation, my assistant informed me that the stock of santyl had become exhausted a few days ago and that oil of santal had been substituted.

For the general practitioner it is of less importance that santyl is superior in action to the oil of santal, as is the fact, that according to my observation santyl never gives rise to the disagreeable gastric symptoms so common with the oil of santal. In my private practice I have given as much as 60 drops of santyl three times a day without hearing the slightest complaint. All praised the absence of taste and of irritation on part of the stomach and kidneys.

As a rule, it is best not to use this drug at the very onset of the acute gonorrhea, but to restrict treatment to local injections. At the moment when the inflammation extends to the neck of the bladder, this excellent remedy should be administered. The painful tenesmus, the restlessness and the turbid urine will often disappear like magic. The doses given are then increased until higher amounts are reached, than are permissible with the oil of santal. The local treatment described above, should be resorted to only when the internal medication fails.

In this way, many cases can be cured without the aid of the specialist. The advantages of this method of treatment are very evident in small towns and in the country, where a specialist may not be at hand.

The Treatment of Sexual Weakness and other Sexual Disorders in Man and Woman.

By William J. Robinson, M. D.

Informal chats with the General Practitioner.

Continuation

TREATMENT OF GONORRHEA AND ITS COMPLICATIONS.

Under proper treatment, theoretically speaking, there should be no complications. But practice too often belies theory, and accidents *will* happen. Besides, the patient often comes to us with the complications in full development. Some of the complications enumerated below are not really complications, but exaggerations of the normal symptoms.

Ardor Urinae.—This is sometimes so severe that the patient looks forward to each micturition with dread and tries to delay it as long as possible. Drinking large amounts of water, increasing the frequency of the potassium citrate and bromide mixture to a tablespoonful every hour for a few hours and of the hyoscyamine to 1-120 grain every two hours will quickly overcome the condition.

Chrodee, painful erections.—How excruciatingly painful these may become, every physician handling genitourinary carses will testify. The congestion is often so severe that the urethral discharge and the urine become blood stained. Prophyalaxis is important. As chordee is often caused by a full bladder, the patient should drink nothing or very little after 7 p. m. He should urinate just before going to bed, and should sleep on his side, on a hard mattress, with a light covering. The potassium citrate and bromide mixture prevent chordee and I have seldom seen a patient taking that mixture complaining of chordee. Should it happen, however, then an additional dose of sodium bromide, 30 grains, just before going to bed, will prove useful. In aggravated cases we may be obliged to have recourse to chloral, and the "compound mixture of chloral and potassium bromide" of the National Formulatory is the most eligible combination for the purpose. The cannabis indica which the mixture contains is an additional advantage.

Where chloral is contraindicated, the following capsules should be given,—they have never failed in my hands:

Ext. rhamni purshianæ.. .....grs. 2 - (0.12)
Codeinae phosph.....gr. 1-3 (0.102)
Heroini hydrochlor.....gr. 1-12 (0.005)
Lupulini optimi.....grs. 3 - (0.19)
Camphoræ monobrom... .....grs. 2 - (0.12)

M. Ft. caps. No. 1. Sig.: Take one capsule before retiring.

*Reprint from the "American Journal of Clinical Medicine."

Never prescribe morphine. Besides the fear of habit creation, its tendency to lock up the secretions and cause constipation is too great. Even the codeine has a slight tendency to cause constipation, but this is completely overcome by the extract of cascara sagrada which, as is seen, I add to each capsule. Whatever we do in gonorrhea, we do not want to constipate our patients. A full lower bowel reacts injuriously on the genito-urinary organs.

Sometimes suppositiories prove the most efficient and the following is an excellent combination:

Atropinæ sulph.....gr.	1-120	(0.0005)
Codeinæ phosp.....gr.	1-2	(0.03)
Antipyrinæ.....gr.	5 -	(0.3)
Ol. theobromæ.....gr.	15 -	(1.0)

M. Ft. suppos. No. 1. Dentur tales doses No. 12. Sig.: Insert one before going to bed; another one may be used during the night.

To relieve the actual attack, the patient should wrap a cloth or towel wrung out of ice water about the member or put it in hot water, as hot as can be borne.: If the desire to urinate is present at the same time with the chordee, the patient should urinate in the water. Swallowing pieces of ice has relieved many of my patients, but whether suggestion plays here a part or not is hard to determine.

Posterior Urethritis.—This will form a chapter by itself.

Balanitis or rather *balano-posthitis.*—In cleanly individuals who do not allow the pus to accumulate behind and around the glans, who wash the latter wih soap and water, balanitis will not occur. Where it has taken place, the glans and prepuce should be thoroly washed (but once only) with a 1 to 1000 bichloride solution, and then kept wet with a piece of gauze dipped in a solution of aluminum acetate. The gauze should be changed several times a day. Instead of aluminum acetate solution, a saturated solution of boric acid or a one-percent ichthyol solution or lead water may be used. After two or three days, the wet dressings are generally advantageously replaced by dry powders and as such the best ones are bismuth salicylate, bismuth subgallate, bismuth subnitrate, aristol (thymol diidodide) and airol (bismuth oxyiodogallate). Calomel in balanitis has proved unsatisfactory in my hands. I might add to the solutions above enumerated a 1 per cent solution of resorcin. It sometimes acts magically.

Phimosis.—This is generally the direct result and merely an extension of the balantitis. The principle of the treatment is the same, only as the prepuce cannot be retracted, we must get between the glans and the prepuce with a narrw-pointed syringe and must irrigate several times a day. The patient is best put to bed for two or three days and the penis kept envel-

oped with gauze saturated with a solution of aluminum acetate or lotio plumbi et opii.

Paraphimosis.—A paraphimosis must be reduced as soon as seen, or dire results—gangrene of the glans penis—may follow. The glans is washed with bichloride and dried; it is then massaged with the two thumbs—the ring and index fingers being behind the corona—until the blood is massaged out of it. It is then anointed with a little oil or petrolatum, quickly pushed behind the constriction and the prepuce brought forward. Should this maneuveur fail, a small slit through the constricting band—on its dorsal surface—may become necessary. Of course the strictest antiseptic precautions must be observed.

Lymphangitis.—During the course of an acute gonorrhea, the lymphatic vessels of the penis occasionally become inflamed; they may be both seen (as red lines) and felt (as hard cords). The penis is to be kept constantly wet with gauze saturated with a 3 per cent ice-cold ichthyol solution or an ichthyol-belladonna ointment is to be rubbed in three times a day.

Adenitis.—While the inguinal glands very frequently become enlarged during the course of an acute gonorrhea, they seldom attain to the dignity of buboes. Supporation is very rare. The treatment consists of rest, laxatives, and the frequent application of the following ointment (every three hours):

Ung. hydrargyri..... .....drs. 2 (8.0)
Ung. iodi.....drs. 2 (8.0)
Ung. belladonnæ.....drs. 6 (24.0)

M. Sig.: Apply by gentle friction every three hours and cover with lint and oiled silk. Wash the parts every morning with soap and water.

This is a very strong ointment, because the elementary iodine and mercury unite partially to form the red mercuric iodide. If the skin gets very irritated, the ointment is to be left off for a while and plain zinc oxide ointment or zinc paste is to be applied until the irritation has passed. If suppuration has taken place, then of course there is nothing to do but to incise the gland and empty the pus.

Folliculitis, Cowperitis, periurethral abscesses, when fully developed, are surgical affections and should be treated as such, i. e., by incision, irrigation and, if necessary, packing. In their initial stage attempts at resolution should be strenuously made, the remedial means being mercurial ointment, iodine ointment, tincture of iodine and ichtyol, tincture of iodine and ichthyol.

Epididymitis and Epididymo-orchitis.—This is one of the most painful complications of gonorrhea. The patient should be given a saline laxative or a soap-suds enema and put to bed. All instrumentation and all urethral injections should cease.

The scrotum should be supported on a small pillow, on a padded cigar box, or best on a wide strip of adhesive plaster,

spread across the thighs. The affected epididymis and testicle should be gently pressed down and the scrotal skin, made tense over it, should be painted once with pure guaiacol. This frequently relives the greater part of the pain. After the preliminary painting, the following ointment should be gently rubbed in. This ointment often acts magically.

Guaiacolis.....dr.	1	(4.0)
Ichthyolis.....dr.	1	(4.0)
Ung. iodi.....drs.	2	(8.0)
Ung. hydrargyri.....drs.	2	(8.0)
Atropinæ sulph.....grs.	2	(0.12)
Adipis lanae hydrosi, ad.....drs.	10	(40.0)

M. Sig.: Rub gently and thoroly and cover with absorbent cotton and oiled silk.

Instead of the iodine ointment, an equal amount of ung. hydrargyri may be given.

The statement appeared recently in some publications that ichthyol and iodine ointment are incompatible. This is one of the numerous things that appear in print that "ain't so." I have been prescibing the combination of the two for about fifteen years, and have never noticed anything wrong, either in the physical appearance of the ointment, or—what is of real importance—its therapeutic action. The latter is all that can be desired, and fully combines the antiphlogistic and resolvent action of the two ingredients.

An ice-bag applied over the scrotum is often very soothing and grateful to the patient. Some patients, on the other hand, cannot stand it.

Morphine and atropine suppositories may become necessary, or a hypodermatic of morphine may have to be given to insure rest and sleep. But the morphine should not be given more than once of twice. There are other means at our command, less pregnant with evil by- and after effects.

Strapping the testicle, especially when the patient is obliged to be about, is often superior to all other measures.

Scaring Away the Stork.

A Few Thoughts on Race Suicide.

BY GEO. F. BUTLER, M. D. CHICAGO.

A public utterance on the Stork Scaring business is liable to get the utterer disliked—especially by the "Society Bunch," for Society has deemed that children are nuisances to be avoided.

Wealth with its functions, automobiles, etcetera, so hampers its possessors that they haven't time to care for children.

Children are becoming very rapidly the exclusive property of

the poor, who, whether willingly or unwillingly, are filling their homes and our country with the stock that will soon supplant Americanism in America.

A short time ago, a canvass was made in New York City that resulted in the printed statement to the effect that in the residences covering three blocks on Fifth Avenue were fifty-three children, while on the avenue behind this, covering the same distance, were thirteen hundred and fifty children, the natural offspring of illiterate foreigners. The exposition of such a condition should strike a spark of terror in the hearts of those who pride themselves upon being American citizens, with love for their country. But does it? Not a bit of it.

"Government? Religion? To the dogs with these, if they are to interfere with our Social Liberty. And to the dogs the religion and government that have been the strongholds of Americans are most surely going. Because of the increasing minority of upholders," writes Albert Lane.

President Roosevelt voices the same sentiment. Thank God for such a President—the greatest this country has ever had! He sees the danger and has registered a strong plea against Scaring Away the Stork.

It is, of course, needless to say that the blame for this is to be laid at the feet of our American women, who are the all-powerful factors in the real life of to-day. As they held in their hands the yesterday, as they hold the today, so they hold as in a grip of steel, the tomorrow of our politics, our religion, our country, by their power to give to this country the men it needs.

Each generation falls far short of its predecessor in the number of births in families of native-born Americans. For proof of this consult the census. The days of large families belong distinctly to the past, and it is to our parents, and to their parents we must turn for these. Our grandmother, herself one of twelve or fourteen children, was inclined to give to the world as great a number, but it was her fate to grieve at the lamentable change in her daughters, who found half the number burdensome, and so undesirable. It was left to her granddaughters tho to stir the dregs in her cup of sorrow, for she saw in them an aversion bordering upon hatred for that state that should be as joyful as it is wonderful, the reign of motherhood.

So true is this and so strong the aversion, it would be safe to say that did not certain laws, beyond the ken of the average woman, prevent such a calamity, another generation would witness the extinction of the American blood of so-called respectability.

There are sins of which women are guilty, but this is the one great crime, the greatest in the category, as the future will clearly prove.

If there were reason for it, but there is not. It is but the sad, sorrowful abandonment of the Real Women to the unnatural decrees of a false, shameless, hypocritical society, that makes of its votaries but little more than aping followers of shallow-pated leaders.

There is not a woman born of woman, in whose heart is a want of motherly love. There is not a woman, who, having children, would hesitate at any sacrifice, if by means of it she would be able to lessen their sufferings or add to their pleasures or comforts. There is not a woman who, having children, is sorry that she has them.

There are very few women who would not have children, IF—and this tremendous conjunction, in nine cases out of ten, marks, not the condition of physicial possibility, but that of Social possibility.

Society has decreed that children are nuisances.

Society has placed its stigma upon woman's bearing children.

Society has given women work of more importance to do, thus making it inconvenient for them to give to race-building its needed time.

Society watches the bride with the eye of a hawk, is not only ready but eager for the opportunity to jest and gossip, and loses no chance to throw out such words of insincere, shallow, mawkish pity, that the expectant mother hides in humiliation, mortification, disgust and anger from this Society, of which she has been a part, to come forth the mother—the happy, joyful mother—who would not exchange her motherhood for the wealth of the worlds.

It was an accident, (ask the mother) as the majority of children are accidents, feared, abhorred and fought against, in contemplation; liked, loved and worshipped, in realization.

"It was an accident," is an apology commonly heard, "that shall not occur again. The world is filled with interesting things, and Life has far more profitable and entertaining work for me to do than that of a homeslave and nursery maid. Let those have children who care for them. I have had a taste and want no more."

This is the verdict of today, and to be blamed for this is the prating, meddling, gallivanting Society, that has stripped home of its completeness; woman, of her greatest and best; life, of its realness and earnestness.

Do I *know* of what I write? Yes, I have looked around a bit, and have possibly gossipped and meddled.

I am familiar with the swell apartment districts of the city, where sons and daughters of wealthy and often sensible parents huddle in elegant four, five and six room apartments where children are not allowed. Can such a neighborhood peopled, in

culminate in a type better than anything the world has yet seen, destined to rule for centuries. The Puritan has his chance to impose on this mixed race the strain of his blood and the stamp of his cherished ideas.

Will he take the opportunity?

Not if he clings to his prejudice.

Not if he scares away the Stork.—The Chicago Clinic.

The Man With Whom You Must Live.

By A L Benedict, M. D. Buffalo.

Talks to Recent Graduates.

Some one has said that everyone should try to live in the society of his superiors and some one else has asked what would happen if the said superiors should, themselves, adopt the same rule. In a broad sense, however, every man is, at one time or another and in one respect or another, the superior of every other man. It does not seem a wise, certainly not a generous policy, always to seek the society of those who can help us and yet, in the long run, it is both wise and just to select associates who will draw us upward rather than downward. Every man has one associate whose society he cannot avoid, with whom he must spend more time than with anyone else—*himself*.

Right here, we wish to state that this article is not exactly a sermon, altho it might be prefaced with one of a number of Bible texts, and that it is not a report of one's own case. The physician who reports his own case, does not always have the proper perspective and, besides, we dislike to report a case which has turned out not altogether successfully, and in which we are not even sure that the diagnosis is accurate.

It is scarcely necessary to state that this man with whom we must spend the greater portion of our lives, ought to be decent and honorable. We do not want to be tied down to the society of an abortionist, for example. Very early in your professional career, you will be asked to do an abortion. The request may come from a prostitute or a woman who, without mercenary motives, leads a rather promiscuous sexual life. Such a woman has already had so many abortions that she thinks nothing of them; if she cannot induce you to perform the necessary operation, she will go to this or that other physician, perhaps naming one of good standing and repute. At any rate, as the abortion is going to be brought about anyway, you might as well perform it. Or, the case may be the one of melodrama or of the sexual morality lecturer or of the novelist: the innocent girl betrayed and struggling to maintain her reputation. Her argument is still more cogent and eloquent. There is nothing that you can say to her that she does not know and realize to be correct on general

principles but, in regard to her particular case, there is not an argument or an appeal to conscience or a cold-blooded statement of practical danger that she cannot meet with a better, stronger and more eloquent plea. Or the request may come from some respectable married lady, of wealth and influence, who has nothing to fear as to reputation but who, as a matter of health, or convenience, or economics, or whim, wishes to limit her offspring. The request may come from some male acquaintance, perhaps your former chum, who is up against it—it may be his fiancée is involved or some other girl, when his wedding day is already set. Perhaps the request comes from some older man or woman, to whom you have looked up for years, as an adviser, a model of good morals, an active church worker, a professional colleague.

From whatever source the request comes, bear in mind two important facts: You do not need to explain the iniquity of an abortion nor its serious risk; everyone who has any sense at all, realizes these points. Neither can you summon any logic nor eloquence that can equal the need and the earnestness of the person who wants the abortion performed. One more fact may be stated; an abortionist who is aseptic and not too clumsy, can enjoy a lucrative practice, with very few deaths and the man who refuses to perform abortions will lose a good deal of practice and will make enemies of many influential persons.

Now, having these facts clearly in mind, make up your mind that you will not perform your first abortion, refuse to discuss the matter with applicants, and stick to your principle, which is simply a corollary of the sixth commandment, regardless of financial losses. It isn't pleasant to live with a murderer, however successful his practice; and, besides, the professional murderer is bound, sooner or later, to be found out.

Abortion is about the only out and out crime, to which the physician is particularly tempted. You will read in detective stories of physicians who administer poison to assist in securing life insurance, who run slender needles in the medulla oblongata in order to hasten the execution of wills, who chloroform disagreeable relatives, or who prepare cultures of cholera spirilla to bring about a change of political regime. But, whereas any physician, however good his standing, will be importuned to perform an abortion, every few months, the average physician will never in his life, be asked to perform post-natal murder. Neither will he, more than any other man, be sought to perform other gross crimes.

You will, however, probably be tempted to do many acts that, while not strictly criminal nor in gross violation of divine law are unethical and dishonorable. If you are a religious man, don't imagine that you can live simply with an idea of getting into heaven. According to the very best authorities, a great

many very disagreeable, mean and narrow-minded individuals are sure to go to heaven, and you don't want to spend your earthly existence with such a one, even if he will finally be renovated.

First of all, let us consider out and out quackery. There is nothing essentially sinful in having a large sign or in mailing cards, dodgers and almanacs to persons whom you do not know, nor in paying for newspaper advertisements, nor in bragging about yourself as wonderfully gifted, nor in making a partnership with some fancy name. All of these methods are used in other businesses. Some are, in and of themselves, perfectly straightforward, others are merely the harmless exaggeration and distortion of the literal truth, that people expect and discount in advertisements. Why are they unethical? Let us answer this question with another: Why are you tempted to resort to them? Because you expect they will increase your trade. But why will they increase your trade? Because most physicians are too gentlemanly to employ them. There you have the gist of the whole matter of ethical objection to quackery. It is not that any one means of advertising is, of itself, sinful or dishonorable, but merely that the man who resorts to these means is competing unfairly and is relying on the fact that the majority of his opponents are too honorable to resort to his own tactics. The quack is like the man who looks at his opponent's hand in a game of cards, like the pugilist who strikes a blow when his opponent is giving him a generous chance to recover himself, like the man who slips into a seat in a crowded car that the man ahead of him is offering to a woman. Don't tie yourself for life to this kind of a companion, rather pick out an honest thief or square burglar.

However, if you are going to be a quack at all, at least be honest enough to proclaim yourself as playing an unfair game. Don't compound your dishonesty by pretending to be ethical. If you want newspaper advertising, pay for it like a man, don't pull the legs of editors and reporters for puffs. Or, at least, don't be a hypocrite of the third degree who gets his assistant to look after the press notices and then proclaims to his students and colleagues that he hates newspaper notoriety, who indirectly sends word to the papers that he will operate on a rare case at the clinic, and then makes a sensation that will certainly invite public comment, by ejecting the reporter. It is unpleasant to live with an openly unfair man, it is worse yet to live with a second or third degree sneak.

Just a few words about sexual morality. Without regard to abstract right or wrong, human experience has shown that anything approaching free love is incompatible with either advanced savagery or civilization, altho in a very low state of savagery or in a state of barbarism with virtual or actual slavery for part of the people, various phases of free love or, at least

polygamy, may exist. But it is a crude, hard fact, that in any large community, there is very nearly one woman to each man, and that whenever the stress of living is great enough to make the life worth while, the necessary effort of taking care of the weaker and dependent part of the race, will not be made unless the average man is sure of his own wife and his own offspring. It is true that a great many persons are too weak to resist temptation, and that peculiar circumstances and, especially, the application of excellent general laws to exceptional cases, do occasionally almost seem to justify the violation of the general principles of sexual morality. But society can exist only as these principles are generally adhered to. However, as a man, you must observe or break these rules according to your own understanding of right and wrong. As a physician something more is expected of you. The Hippocratic oath fully covers the ground. It is one thing to be morally bad, as a man; quite a different matter to take advantage of the peculiar trust imposed in you as a physician. If you are going to play this game, at least play it fairly, against a woman fairly armed to resist you, mature enough to judge for herself, and with no sense of obligation to you for favors of employment as your assistant in any capacity, and not disposed to yield to you by reason of a confidence or affection due to your professional ministrations.

The gross violations of morals have no special relation to medical practice, but there are many little ways in which this life companion ought to be trained. Don't live with a man that has a petty, jealous disposition. If you find that it hurts your feelings to learn that a friend is sick and has employed some other physician; if some one praises a rival and you have to pull hard to get up kind words from your throat; if the news of another physician's downfall comforts you, go and kick yourself until you are cured, otherwise, eventually, others will kick you.

Don't be narrow. There is something seriously wrong with a physician who is simply an appendage to a sign and an obstetric bag. You should always be advancing in your chosen art and science and, unless you are so unfortunate as to justify the most modest estimate of yourself, you should be a producer, as well as a consumer of medical knowledge. Be both a user and a maker of medical societies and medical journals.

However broad a physician a man may be, he is narrow if he remains only a physician. A thoroly well rounded man must be mediocre in everything but every man should have at least one hobby, intellectual or social, selfish or philanthropic, outside his life work. We cannot all be a poet like Holmes, or a genealogist like Stiles, or a musical composer like Hemmeter, or a novelist like Doyle, or an executive or politician like Wood.

But be something or do something, however humble and useless, so that you will know somebody besides those who are sick.

In short, spend your life with a man who is not only a fairly good and conscientious doctor, but a decent man, a gentleman and, not necessarily a scholar but an active, interesting fellow.—*Medical Fortnightly.*

What Can be Accomplished in the Control of the Social Evil and Venereal Disease?

By Prof. Robert N. Willson, M. D. Philadelphia.

EVERYTHING, if every physician will but lend a hand; a great deal, with the few who are already openly able and willing to help. The effort is repaid if one boy or girl is thereby saved from venereal and moral infection. Would that there were no one in the medical profession who felt it necessary to see this movement become popular before offering his active approval! There are, indeed, practical methods, and following are a few that have been tried and have stood the test.

First and Foremost. The physician is responsible for a sane understanding of the normal sexual functions among his own clientele. He can impart his knowledge to the individual, male and female, either in his office by word of mouth or thru literature; but if necessary he has the lecture room at his elbow. One or the other method should be employed. The fanatic notions and ignorance of otherwise intelligent adults regarding the normal sexual phenomena and the proper care and respect for their genital apparatus is not a high tribute to our supposedly unremitting thought for their welfare.

Second.. Almost equally important is the instruction of fathers and mothers regarding the prevalence of the abuse of these functions, the reasons therefor and the consequences, including the statistics of the insane and blind asylums and of venereal disease, and the communicability of the latter. These data furnish the only argument needed to do away with the double stardard of morals for man and woman. The woman suffers more and should, if either, have the greater moral license. The prevailing cry is, "Spare our children the need of learning these facts." You have been sparing them, my friends, for many a year, and your children are now grown. In spite of your consideration, or because of it, all they have learned is a smattering of the truth, usually in an inaccurate, unhealthy, unclean way, in jest or in song, from the stableman or the nursery-maid. The guttersnipe is far more apt in gaining the ear of your boy than his pastor; his lesson sinks deeper and is more lasting! The consequences, you must admit, deserve attention. Have you

another remedy to suggest or will you test the one offered? Will you tell him clearly that which he has a right to know about himself, or shall he hear the distorted story, as he surely will, from the hostler or the schoolboy degenerate? Shall the mother advise the girls of their high privilege in life, or shall they learn first of these things in gossip, or as something occurs, from an infected and infectious husband? I heard a noted gynecologist exclaim a few nights ago, after operating on a beautiful girl, "My God! I'd rather my daughters should never marry than see them on the table like that! And yet how can I prevent it?" he added. When I heard this cry, I said again to myself, "The women at least must be given the opportunity of knowledge, and the right to intelligently choose between the diseased and the clean."

Third. The criminal false modesty and prudery that has led and almost forced the medical profession to conceal the prevalence of venereal diseases should be exposed, and must yield to measures calculated actively to protect the public. If disease is in our midst, and if innocent infection is possible owing to the ignorance of the possibility, and largely preventable when the facts are known, then all but true modesty must step aside, or the physician shoulder the blame.

Fourth. Societies are being formed the country over of which the privileges of membership are extended to the laity of both sexes, who are invited to urge and aid in the work. A new field opens for women, both lay and medical, which men cannot cover. These societies should be local organizations with the needs of the individual city or town as the immediate object in view. They can, if they desire, send delegates to a national organization.

Not Every Patient Needs Medicine.

Every patient that consults us does not necessarily need medicine. Often a little advice is all that is necessary. We have, during the last decade, been trying to extricate ourselves from the reputation we had previously earned of being drug dopers. A little medicine when indicated and judiciously prescribed is very good. The majority of the profession, however, have learned that fresh air, proper diet, hygienic surroundings, and regular habits, in the majority of human ills, are of greater importance than drugs. No one would think of treating catarrhal hepatitis without prohibiting fatty and saccharine food and advising a diet suitable to the condition. Of what benefit would medical agents be in cirrhosis of the liver unless the use of alcohol is interdicted? The best liver regulator on earth would be of little avail. Of what benefit is pepsin, hydrochloric acid, and bitter tonics to the dyspeptic who subsists on sowbelly, sauer-

kraut, hot biscuits and molasses? If we expect to benefit him we must outline a diet suitable to his condition and teach him to eat slowly and with moderation. Then, and not until then, can we expect to benefit him with medicinal treatment.

The more intelligent class of the public have learned to look upon the family physician as an adviser in matters pertaining to health and diseases. They consult him for advice, not for medicine. If he finds medicine necessary they usually consent with reluctance to take it. But the less medicine they are required to take in order to be restored to their normal condition the more they will appreciate it. We are inclined to believe that some of the cases reported in medical literature would have resulted more satisfactorily if more attention had been given to diagnosing the case and studying the hygienic and dietary requirements.—C. L. Sherman in *Med. World* for Oct.

Measure as we may the progress of the world—materially, in the advantages of steam, electricity, and other mechanical appliances; sociologically, in the great improvements in the conditions of life; intellectually, in the diffusion of education; morally, in a possibly higher standard of ethics—there is no one measure which can compare with the decrease of physical suffering in man, woman, and child when stricken by disease or accident. This is the one fact of supreme personal import to every one of us. This is the Promethean gift of the century to man.—Osler.

Muscle Stretching for Hiccups.

Dr. A. W. Mills (*Med. World*, Oct.) writes that after an attack of indigestion, with considerable gastralgia, which lasted for two weeks, he was suddenly attacked by hiccups. The pain left, after the hiccuping began. He began to hiccup on a Tuesday evening at 10 o'clock and they lasted until Thursday night at 8 o'clock. He had tried the usual antispasmodic remedies, one of which stopped the trouble for over an hour. On the Thursday evening above referred to, he laid on a hammock on the piazza, and the idea came to him that stretching the abdominal muscles might do good. He mounted the rail of his piazza fence, reaching up to an overhead stringer, and hung quitely while he counted fifteen. The hiccups stopped. He went to bed and awoke at 3.15 o'clock, when the trouble slowly began again, but not so severe. He left his bed, went to the attic stairs, grasped the railing and hung by his hands, full length, while he again counted fifteen. The hiccups stopped and did not return. He believes that persistence in this course will (with rare exceptions) cure any case of stubborn hiccuping. He then says that if any brother fears that his patient will not think he has earned his money, he can give him a bland placebo for its physical effect, and then tell him to "hang himself." He believes this treatment

has never been called to the attention of the profession before and thinks it is worth while trying in stubborn cases which so much tax the doctor's skill.

Collargol as a Disinfectant in Wounds.

In the treatment of accidental and operative wounds, writes Credé (Münch. Med. Woch., No. 24, 1906) the strictest asepsis may fail to prevent germ development and primary or secondary infection. Prophylactic antisepsis should therefore also be employed, and a simple, universally applicable, non-irritant and effective agent is collargol, which he has for ten years used in his division of 225 beds. It is at once taken up by the tissue fluids and circulates thru the body, without any local effect.

Thus in cases of trauma, such as complicated fractures with infected wounds, frequent sequelae are necrosis, lymphangitic and phlegmonous processes, sepsis, etc., no matter how carefully limb and lesion are cleansed. Here the use of collargol assures healing without reaction, without frequent dressings. Portions of tissues that seem almost dead regain vitality, and an amazingly rapid recovery follows. Every injury should be treated by this method of prophylactic antisepsis, for one never knows when an infection may take place.

After operative procedures, no matter how carefully conducted, the method is equally advantageous. It gives a feeling of absolute security, assuring uneventful recovery; and it simplifies the matter of dressing.

Collargol may be used as a 3 per cent dusting powder with finely pulverized milk sugar, which is painless and non-irritant and very much cheaper than iodoform. Or a 1 per cent solution may be poured into deep wounds, cavities, the bladder, etc., in quantities of 1½ ounces. Or collargol tablets, which produce a very energetic and sustained disinfection, since they melt very gradually, may be inserted into bullet wounds, into the recesses of compound fractures, and even placed on contused brain tissue. They are applied directly or wrapped in sterile gauze. The drug may also be used for syringing, gargling, eye-washes, internally in stomach wounds, and as bougies, suppositories, etc. Argyria never occurs.

Uncured Gonorrhea.

It is said that gonorrhea is the most widespread of all contagious diseases, with possibly the single exception of measles. Specialists all over the world and for centuries past have sought for a remedy which would surely cure gonorrhea, but up to the present without definite results. Whether it is ever radically cured has been discussed pro and con by those whose knowledge

of the disease, acquired during years of experience in treating thousands of cases, gives their opinion great weight, but the question is not yet settled. Until recent years syphilis was considered the social scourge, while gonorrhea was thought to be of minor consequence. To-day the consensus of opinion is that the dangers from gonorrhea are of vastly greater moment than those from syphilis. If we are to believe reports, more than one-half of the population of European cities is affected with gonorrhea. This statement is appalling. Of the American army in the Philippine Islands, one-sixth of those treated in the hospitals were treated for gonorrhea; most of these returned to the United States, many uncured. One in 28 of the patients treated in a New York dispensary presents a case of venereal disease, there being four times as many cases of gonorrhea as of syphilis.

It is a matter of common belief that a large percentage of those infected with gonorrhea are not properly treated, and consequently remain uncured. The average physician does not know how to treat gonorrhea properly, and, moreover, many patients seek treatment from the druggist, who is necessarily incompetent to treat any, and more particularly this, diseased condition. What may follow? Ophthalmia neonatorum; self-infection of the eyes; chronic gleet; stricture; sterility, 42 per cent of all affected becoming sterile according to various reports; gonorrheal rheumatism; kidney diseases; diseased prostate or bladder; gonorrheal endocarditis; peritonitis; septicemia, etc. The gonococci may remain quiescent for months or years, only to reappear in consequence of or following disease, intemperance, or unknown causes. Willson reports a case in which a patient infected his own eye six years after he considered himself cured, no evidence of the disease having manifested itself during that time. In the woman, we may have infection of the pelvic organs, leading to the necessity for operative procedures. Price, of Philadelphia, declares that 95 per cent of abdominal operations in women are the result of gonorrheal infection, while others declare that 80 per cent of the deaths resulting from ovarian or uterine disease are chargeable to conditions due to gonorrhea.

How can we hope to avoid these conditions and results? Since we know that the gonococcus of Neisser is the sole cause of specific urethritis, it follows that the destruction of this germ should be the main object of treatment, and this is to be accomplished with as little injury to the tissues involved as possible. Germicides are used until repeated microscopical examinations determine the absence of the gonococcus—and this can be determined only by the microscope. To begin treatment with an astringent is to invite the multiplication of the gonococci and an invasion of the deeper-seated tissues, because of their pro-

tection in the folds of the mucous membrane, where astringents, which are seldom germicides, cannot reach them. After it has been definitely determined that the germ has disappeared, then astringents should be used to close the crypts and stop the discharge. With all this accomplished, one is not yet justified in declaring the case cured, for the gonococcus may have invaded the prostate gland or the bladder. Prostatic massage, followed by a microscopical examination of the prostatic discharge, should be made several times after the urethral discharge has entirely ceased, to determine the absence of the germ, and the patient should be kept under observation for several months before he is finally discharged. Just so long as cases of gonorrhea are improperly treated will uncured gonorrhea prevail, and not only may the subject's well-being and life be endangered, but he or she may (given the opportunity) transmit the disease to others. This fact is one that should be impressed upon the minds of our patients and of the laity in general; it should be made plain that to stop a discharge is not to cure gonorrhea.—Edit., *Med. Record.*

Treatment of Gonorrheal Arthritis.

Gonorrheal arthritis or rheumatism is frequently so baffling, so exasperatingly obstinate, that every case that is apparently perfectly cured should be reported. I wish to refer here briefly to two cases.

The two patients had gone the rounds of several prominent physicians, but they didn't even obtain relief. One patient, a man, had had the disease for about a year; the other patient, a woman, infected by her husband, had had it for about two years. I gave them several remedies with very little relief. Finally I prescribed the following: I gave each patient calcium sulphide, two grains every hour, and ordered them to rub the gonorrheal joints thoroly with collargol ointment (Unguentum Credé). They became saturated with the calcium sulphide, so that the breath smelled very decidedly of H_2S. They used each about a dozen boxes of ointment—but results: Both patients are completely cured, at least apparently so. Whether they will have a recurrence remains to be seen, but they are satisfied. To which drug is the credit due? The scientific method would have been to give first one drug and then the other. But have we a right to experiment on private patients in order to determine the efficacy of a drug? No, the writer confesses he is not a Skoda, nor a Rokitansky, and he is more interested in the actual cure of his patients, than in the advancement of scientific medicine—at his patient's expense.—*Am. Jour. Clinical Medicine.*

Book Notices.

DISEASES OF THE DIGESTIVE SYSTEM. Edited by FRANK BILLINGS, M.D., Professor of Medicine, University of Chicago, and Professor of Medicine and Dean of the Faculty, Rush Medical College. Translated from Die Deutsche Klinik, under the general editorial supervision of Julius L. Salinger, M.D., 1906. $6.00 net. D. Appleton & Co., New York. This is probably the most scientific and up-to-date book on the subject. It is certainly the most authoritative, among its contributors being such men as Rosenheim, Ewald, Boas, Neusser, Vierordt, Nothnagel, etc. The translation is well done. The obscure disorders of the pancreas receive careful attention, and considerable space is devoted to the macroscopic, microscopic, bacteriologic and chemical examination of the feces. The various subjects are so fully treated that the American editor found it unnecessary to make any important additions or modifications. That the makeup of the book is excellent goes without saying. It is sufficient to state that the Appletons are the publishers.

MODERN PHYSIO-THERAPY, a system of drugless Therapeutic Methods. By OTTO JUETTNER, A.M., Sc.M., M.D., Ph.D. 513 pp. Cloth. Price $6.00. The physical or erroneously called physiologic methods of treatment are rapidly coming into vogue, and we are glad of it. There can not be too many methods of fighting disease and death. Dr. Juettner's book presents an excellent resumé of hydrotherapy, phototherapy, electricity, etc., and we gladly recommend the volume to all general practitioners. They cannot fail to profit from a careful study of its pages.

If we are not mistaken Prof. Juettner recommends the physical methods of treatment to the exclusion of drug treatment. In this we emphatically disagree with him. Physical methods of treatment in conjunction with medicinal agents—*très bien*. But physical therapeutics as an exclusive system—to this we object as much as we do to the old-fashioned drugging, to the exclusion of air, light and water. *Ne quid nimis.*

TOXICOLOGY. The nature, effects and detection of poisons with the diagnosis and treatment of poisoning. By C. M. Riley, professor of chemistry and toxicology in Barnes University. Third edition. P. Blakiston's Son & Co., Philadelphia, 1906. $1.50 net; pp., 215. A very good elementary book on the subject of toxicology. Each poison is treated under the following headings: Description of Poison, Symptoms of Poisoning, Fatal Dose, Fatal Period, Treatment, Post-mortem Appearances, Tests. The statements are concise, clear and reliable.

INTERNATIONAL CLINICS. The third volume of the sixteenth series (1906) of this excellent quarterly is now before us. The most notable articles in this volume are: The Treatment of Dilatation of the Heart, by W. H. Katzenbach; The Treatment of Acute Pleurisy, by A. A. Stevens; The Treatment of Certain Forms of Bronchitis, by Joseph M. Patton; Professor Fournier's Recent Modification of His Treatment of Syphilis, by H. Saingery (of Paris); Auto Intoxications and Their Treatment, by Edward C. Hill; The Predisposition to, and the Prevention and Treatment of Pulmonary Tuberculosis, by John W. Wainwright, etc. The price per volume of the *Clinics,* cloth bound, is but two dollars. [Address J. B. Lippincott Company, Philadelphia.]

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A COMPEND OF PHARMACY. By F. E. Stewart, M. D., Ph. G. P Blakiston's Son & Co., Philadelphia. $1.00. This is one of the well-known quiz-compends of Blakiston's series, and the fact that it has reached the sixth edition shows that it answers the purpose for which it is intended. The book is based upon Remington's Textbook of Pharmacy and this edition has been revised and enlarged and made to conform to the new Pharmacopeia.

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Than never to tell the truth for fear of making a mistake.

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Erratum. The words the February on line 4 from bottom, page 8, January issue, should read *an early.*

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bright and breezy journal," "In Therapeutic Medicine the profession has the most useful journal that a physician can read." These are a few of the expressions of commendation that have come in within a few days after sending out the January issue. Subscribe for Therapeutic Medicine now—it is your last chance to get the journal for a nominal price.

The Pernicious Stupidity of Anthony Comstock

I am not opposed to the laws regulating the publication and distribution of obscene literature. In my editorial on "Comstockery" (see *Altruria,* January, 1907) I have demonstrated, I believe, satisfactorily the necessity for such laws. But unfortunately the man who is at the head of the vice crusaders is a stupid ignoramus utterly devoid of sense and judgment. And I cannot help stating that in many cases which have been brought to my notice his methods have been most detestable.. Did he limit himself to the suppression of notoriously salacious literature and lewd pictures (in spite of what our radical friends might say to the contrary, there is a kind of "literature" and a kind of "art" as to the purpose of which there can be no question), I would have nothing against him. I might even give him my support. But as said before, he is a stupid ignoramus. He has started to prosecute retail druggists and supply houses who sell, and manufacturers who produce a certain kind of rubber or fishskin article. In this work he displays a zeal worthy of a better cause; no, it isn't zeal; it is low cunning and vindictiveness, characteristics of the hired informer and the middle ages inquisitor. The article has a universal sale thruout the world. It has become an absolute necessity in many cases. Physicians quite frequently find it necessary to order it for their patients. Without any question it aids enormously in the prevention of venereal disease. The prevalence of venereal diseases is something terrible to contemplate, and any measure that has a tendency to limit the spread of infection should be welcomed. Instead of that Mr. Comstock does everything in his power to suppress the manufacture and sale of this necessary article. We are therefore constrained to believe that Mr. Comstock is anxious to aid in the spread of gonorrhea and syphilis. He certainly works into the hands of specialists in venereal diseases.

No, Mr. Comstock, it is a dirty and stupid business you are engaged in, and in your heart or hearts you must know it is so. But I suppose you have to show your employers that you are doing something for the money, which they so foolishly put into your hands.

And Again Vaccination

I believe that those who are opposed to vaccination are well-meaning, deluded fools. Their agitation may prove extremely injurious, but we must not prohibit their propaganda. They are entitled to their beliefs, ill founded and false as they are, and we have no right to shut them up. They will probably be made to see their error in the near future. There is, however, one statement which the anti-vaccinationists frequently make and which is dastardly in the extreme and which it is time to stigmatize as such in no uncertain language. I refer to the statement that the doctors practice vaccination not because they believe in it, but because it brings them in some money, because they make a living out of it. This statement is stupid, dastardly, and only a fool and ignoramus would make it. I am willing to believe in the sincerity of the anti-vaccinationists—why can't they believe in our sincerity? As to the doctors making a living out of vaccination, first, it constitutes an utterly insignificant item in any doctor's income; second, there are tens of thousands of doctors with good practices, specialists, etc., who never vaccinate and who are firm believers in vaccination. The facts in favor of the protective and life-saving value of vaccination are too numerous, too overwhelmingly convincing to be overthrown by epithets or by such phrases as "putting rot into a child's arm," "poisoning the blood," etc. The trouble with the anti-vaccinationists is that they do not want to study the facts; they would hate to be convinced of their error. And yet I believe that if the more intelligent of the anti-vaccinationists,—like Dr. Carr and Dr. Tilden—put away their prejudice just a little while, and studied the facts and figures collected, for instance, by the *British Medical Journal,* they would be compelled to confess that they have been as blind as bats. But instead of examining scientific statistics they stuff themselves on literature compiled by ignorant, hysterical women. Instead of reading journals like the *Lancet* or *British Medical Journal,* they waste their time on such inexcusable rot as the *Liberator,* published by an ignorant laywoman.

One more point I must touch upon. The anti-vaccinationists like to tell us that the "most prominent and advanced physicians" are opposed to vaccination. This is not true. We should like to have the names of at least *ten* really prominent physicians who are opposed to vaccination. That many of those opposed to vaccination are honest and sincere, I admit. But that they occupy a prominent position in medicine, that they have done something for the advancement of medicine, is positively untrue. In fact 99 per cent of the anti-vaccination physicians belong to the rank of quacks, irregulars, charlatans, non-graduates, old fogies, etc., etc. If I am mistaken I should like to be corrected.

Serum Therapy and Dr. Tilden

"Time will be required to expose the fallacy of serum therapy, because of man's inability to honestly test the truth of a belief. If he believes in an idea he unwittingly rejects all evidence running counter to his belief. Not many people can act towards a subject other than in the capacity of a paid advocate. Right or wrong his position must be made to win."

That's just it, Dr. Tilden. Right or wrong you must maintain your position. But please answer one question: How many diphtheria cases have you personally treated with anti-diphtheritic serum? None at all? So what right have *you* to an opinion? And now answer this: You can communicate with ten or twenty or thirty thousand physicians who had been treating diphtheria before the advent of antitoxin and who are treating the disease now with antitoxin. Ask them. They will tell you unanimously that their results at present are immeasurably better than before. What is it? A delusion? Have all doctors become suddenly insane? Isn't it rather strange the delusion should become so universal and should keep up so long? But here, Dr. Tilden, is a harder nut for you to crack. Take a guinea pig or take a hundred of them. Inject a dose of diphtheria *toxin* into them which will prove absolutely fatal. Now take another hundred guinea pigs and inject into them a dose of *antitoxin*, and follow this by a dose of toxin which in the other guinea pigs proved fatal. These guinea pigs will survive. Why? Because the antitoxin neutralized the toxin. Is this also a delusion? But this is something that can be demonstrated even before your own eyes.

And what is there strange or mysterious or absurd about serum therapy? What is there in it that a person of ordinary intelligence cannot understand? You will admit that magnesia will absolutely neutralize and render harmless any of the corrosive mineral acids, such as sulphuric, nitric, hydrochloric; you will admit that in poisoning with aconite, digitalis or strychnine will counteract the depressing action on the heart and will tend to carry the patient thru the dangerous period. And so in many bacterial diseases the cells of the body in the struggle to overcome the poison elaborate an anti-poison, an antitoxin, which when isolated acts as an antidote to the respective toxin. What is there improbable in this? You who constantly speak of the curative power of nature should certainly not be surprised at nature's elaboration of an antidote against bacterial poisons. Will you have the courage to admit, Dr. Tilden, that what you wrote about serum therapy was—let us put it mildly—somewhat hasty and illconsidered?

Friend Tilden, let me tell you what the trouble is with you. You have some excellent ideas. You have a lot of common

sense; to some of your strictures on our profession I am willing to subscribe with both hands. But the trouble with you is, you are a back number. You have not seen any real medical literature for many years, you have not kept up with the latest developments in medicine and surgery, and you think that we stand where we stood fifty years ago. And therein is your mistake.

I am somewhat of an iconoclast myself. I do not give a fig for authorities. I am not awed by pomposity and smugosity. But I take good care to study a subject in all its details and to make sure that I know it before I undertake to criticize it. You should do the same.

The Prevention of Syphilis

Prof. Metchnikoff's results in the prevention of syphilis, reported to the Paris Academy of Medicine, possesses a deep interest. They are interesting and important, both because an important advance has been made in the prophylaxis of lues and because one of the subjects experimented upon was a human being. The anti-vivisectionists may go into hysterics over the fact that a human being was deliberately inoculated with syphilis, but as the subject, a medical student, did it of his own free will and accord, fully cognizant of the risks he was running, nobody can properly object. The report is, briefly, as follows:

Having convinced himself from numerous inoculations of monkeys with syphilitic virus that the development of the disease can be prevented by rubbing the point of inoculation with mercurial ointment, Prof. Metchnikoff decided to try the experiment upon a human being. A medical student of the faculty of Paris, free from any syphilitic taint, hereditary or acquired, offered himself for the experiment for the sake of science and humanity. Accordingly, on Feb. 1st, Metchnikoff, in the presence of Dr. Queyrat, Dr. Sabouraud, and Dr. Salmon, inoculated the student in the blano-preputial groove on the left side with syphilitic matter taken from a hard chancre of one month's duration, and on the right side with syphilitic virus from a hard chancre of between nine and ten days' duration. Portions of both types of virus were also inoculated into four Javanese macaques. One hour after the inoculation of the virus the inoculated parts of the student and of one masaque were rubbed for five minutes with an ointment consisting of 30 grams of lanolin and 10 grams of calomel. Twenty hours after inoculation the inoculated part of the second macaque was also rubbed with the ointment. The two other macaques were left without treatment as controls. Two days later the site of inoculation in the student showed no trace of inflammation; the marks of the scarifications were, how-

ever, obvious, but even they disappeared within a day or two afterwards.

No sign of syphilis had presented itself in the student, although the two control macaques developed typical syphilitic lesions, and of the two macaques which were treated with the ointment, the one which was treated 20 hours after the inoculation developed a primary chancre after 39 days of incubation. The one which was treated an hour after inoculation showed no sign of syphilis. Metchnikoff concludes by saying that this experiment is a proof that calomel ointment, applied one hour after inoculation of syphilitic virus, is capable of preventing the development of syphilis in man, as it is in monkeys. It also proves that after 20 hours the ointment has no preventive action.

We may therefore assert, with a fair degree of positiveness, that a strong calomel ointment may be considered a prophylactic of syphilis, and should be used immediately after any suspicious coitus where luetic infection may be feared.

From a sociologic point of view this contribution may be epoch-making.

"Have Drugs any Value—A Challenge"

Our challenge, made in such plain, unequivocal language in the October issue has not been taken up. The drugless healers have not dared to come forward. Nobody ventured to claim the prize of 1000 dollars offered by us. Of course we received numerous letters commending and congratulating us for our outspoken stand, but the only letter from the *other side* was from Dr. J. H. Tilden, Editor of *A Stuffed Club,* in which the doctor offers a broader, more decisive, but an utterly impracticable plan. If Dr. Tilden can bring about a realization of the plan, I am willing to be a participator and do all I can to make the test a success, i. e. to make it decisive.

Tho I believe that Dr. Tilden's plan is utterly impracticable, still his letter possesses many points of interest, and as I believe in hearing the other side I reproduce it in its entirety on another page, with a few comments.

The *Stuffed Club* is a bright little journal. It contains some excellent ideas, and some important truths, even tho brutally told. But the whole journal, from the first page to the last, is an advertisement for its editor, Dr. J. H. Tilden, an advertisement of his wonderful skill as a physician, of his cures after the cases were given up by the regular physicians, etc., etc., etc. As I say, the *Club* is clever and every physician would be better off for reading it, but it is an advertisement for Dr. Tilden, pure and simple, nevertheless. I wonder how it is permitted to go thru the mails at second-class rates.

Original and Leading Articles

Gonorrhea and Race Suicide

By EMORY LANPHEAR, M. D., Ph D., LL. D., St. Louis

Very much has been written and said recently concerning "race suicide" in America; very little about its true cause, and involuntarily: gonorrhea. Most writers have paid great attention to abortions among the well-to-do and withdrawal (Onanism), mechanical appliances and other means for the prevention of conception, presuming that the alarming diminution of the birth-rate among parents of American descent is purely voluntary; very few have recognized the fact that much of the sterility is not intentional.

For a quarter of a century, almost, I have been engaged in a line of practice which brings me in close contact with the better classes of women—women who have married men well off in worldly goods, women who have had one baby (or at most two) and who would gladly have more. Their friends think the limitation of the number of children is intentional and often congratulate them upon their successful method of prevention of conception; as a matter of fact thousands of these women are anxious for motherhood and seek the surgeon and gynecologist in the vain hope that something may be done to favor conception.

What is the trouble? Before marriage the husband contracted gonorrhea (alas—many times after marriage also!), was treated by some physician who told him he was "cured"—perhaps years prior to marriage—and maybe regarded himself as perfectly "safe" in having intercourse. Soon after marriage his wife develops a little urethritis (which she calls irritation of the bladder, ascribed to sexual indulgence); and later becomes pregnant. Luckily at the time of confinement there is such subsidence of the gonorrheal inflammation that the child escapes gonorrheal ophthalmia—tho more than half the blondness of the world is due to gonorrhea. The mother may even escape the mild form of "childbed fever" so apt to follow and in rare instances may go thru a second pregnancy without serious trouble.

But sooner or later the gonococcus fiinds entrance to the os and "chronic endocervicitis" is set up—purely a gonococcal infection of the endometrium. At this point the husband may—much to his surprise if he has not been "exposed" outside—develop a mild attack of clap and may accuse his wife of infidelity; but most often an immunity has been established and there is nothing more than the appearance of gleety discharge;

he is "cured." With the wife, however, the trouble is just begun. Ultimately the gonorrheal infection of the fimbriated extremities of the Fallopian tubes are glued together and the tubes are forever closed to the passage of ovum to the field of fecundation. In an uncertain proportion of cases the infection is of such character as to obliterate the uterine end of the canal also and pelvic peritonitis and pus-tubes are the result; but in a majority of cases the infection is of such mild character that closure of the ovarian extremity of the tube is the only immediate effect.

After this there is more or less menstrual pain, because the blood which is discharged from the ovary at the maturation of the ovum must be absorbed by the peritoneum instead of passing down the tube into the uterus as it normally should. The result of this inflammatory closure of the tubes is an incurable sterility. "Race suicide" so far as that particular family is concerned is sure, tho involuntary. Finally the general condition of the patient becomes so good that the family doctor (probably not knowing of the infection, even tho he may have known of the husband's clap of long ago), can find no cause for the woman's enforced barrenness, since only rarely can the clubbed ends of the Fallopian tubes be felt by digital examination. Only the operating gynecologist and the pathologist know of the frequency of this cause of sterility.

I believe that every gynecologist of large experience will bear out my declaration that one of the chief causes of race suicide in France and the United States is gonorrheal closure of the Fallopian tubes.

The Prostitution Problem in its Relation to Law and Medicine

By Ludwig Weiss, M. D.
Attending Physician to the Skin and Genito-urinary Service, German Poliklinik, Consulting Dermatologist, Hebrew Orphan Asylum. New York.

Delving down into the depths of deepest depravity mankind is capable of sinking into is by no means a pleasant or invigorating occupation. It is a rather ungrateful task to unearth and to draw to light conditions which some may think had better be left buried. Looking on this darkest side of human life, it reveals the frailty of human character with its unceasing strife between the dominant mind and carnal atavism. Just as the sunspots cannot blot out the luminous life-giving properties of the most glorious of all stars, so will prostitution, dark and heavy as it rests on humanity, never be able to destroy the fate in its ultimate glorious destination.

Prostitution is as old as humanity itself. It is a mistake to maintain that barbarious people were not confronted with it. It did exist, altho, paradoxical as it may appear, without their

being conscious of it. Primitive people living in a state of nature possess a very undeveloped moral sense. The female, because of her frailer build, was considered inferior and looked on as a chattel. An absolutely uncurbed sexual life, a loose mating as a semblance of a temporary married state were the sexual characteristics of primitive man.

After the primeval status of herding, of clan and kinships—a period covering tens of thousands of years—tribal supremacy caused the foundation of communities and a semblance of social order. It is characteristic to notice that while men voluntarily surrendered their rights for the good of the common weal, they would not suffer themselves to be deprived of polygamy. Polygamy as transmitted from the barbarous people is the ever-present feminine factor in the political and sexual life of the ancients.

HISTORICAL DATA.

We find, as far as historical data are available, that kings, notables and the wealthy availed themselves of it and that women were consecrated to the temples of the different goddesses. It is a noteworthy point that this religious prostitution, a fallacious and fraudulent sacrifice of purity to the gods, did in reality serve for the perpetration of vices of the initiated ones. The "Virgins of the Sun" of ancient Peru were in due time mustered out without losing their standing. The "Hierodules" of the Babylonians and kindred nations, consecrated to the hideous Baal-Astarte and Moloch cult with its human sacrifices, is another instance of an enforced religious prostitution, out of which the hospitable one grew. Jeremiah narrates that their women sit around the temples, offering themselves to men, and Herodot relates that once in their lives they had to betake themselves to the shrine, and, sitting around with ropes wound around their heads, accept strangers happening to be in the town. Quintus Curtius states that fathers offered their daughters and men their wives to strangers, and that within a short stay of one month these customs almost ruined the army of Alexander the Great. Of a similar nature was the Apis, Isis and Osiris worship in Egypt. Among the ancient Semites, the Hebrews only understood the great importance of sexual hygiene, introducing repressive laws against prostitution. In Numbers v, 2, it is related that those having a flow issuing from their flesh were unclean and were compelled to go outside the camp until the flow stopped and stay there seven days longer. The mission of the Hebrews to spread monotheism made it imperative for them to preserve their strength and procreative power in the ceaseless battles with their heathen neighbors. But mankind is ever the same: with weak resistance in erotics they eventually became contaminated by their neighbors. Stringent laws were introduced; religious prostitution, perversities and incest were pun-

ished by death. Profane prostitution was not directly punished, but children out of such were excluded from the commonwealth up to the tenth generation, a cruel and unjust law.

With the Greeks and Romans we also observe the usual development of profane from religious prostitution. The latter was idolized by works of art and glorified by the sages of the nation. Strange, freed women, and in a minor proportion native women, vied with each other to become priestesses of the shrine, calling themselves Aphrodite Urania, or servants of ideal love, in opposition to Aphrodite Pandemos, devotees of profane love. They, especially the former, were known as Hetaires, and were cultivated women, well versed in the arts and in lewdness. Pindar dedicated odes to them, Percides languished in the arms of a Phryne, who, in turn, served as a model to Praxiteles' greatest creation, the statue of Aphrodite.

These women had no legal rights, they were compelled to live in special quarters, to wear special garb, and to pay for the franchise. The introduction by Solon of legalized prostitution was the outgrowth of a fallacious reasoning, prevalent yet, that its existence would protect respectable women. It was also directed against over-population. In Rome the Venus cult was the prototype of religious prostitution from which the profane one also developed. The Romans availed themselves of the doubtful advantage of computing the sexual vices and crimes of the then ancients into one composite dung-heap of immorality. The ideal aspect of the Greek prostitution was here wanting. Collection of revenue was the chief purpose. They had their brothels (lupanaria and fornices) and free-living prostitutes (meretrices and prostibulæ). An erstwhile warrior nation soon became depraved under their degenerated and homosexually afflicted emperors. According to Martial and Tacitus, there was not a virtuous girl in Rome at that time. The legal status of these women was a very lowly one. The same iniquity which creates an article of lust and then condemns it to civic death was characteristic of the law at that time as it is to-day. Alexander Severus introduced a morals-police. Prostitutes and fallen free women had no right to dispose of their property, had no control over their children, no right to hold office. They could not give oath or make accusation. Notwithstanding all these efforts, the evil could not be curbed.

As Rome became a world power, her civilization as well as her immorality permeated the conquered possessions. The descendants of the early Teutons, to whom religious prostitution was unknown, and whose chastity Tacitus extols, soon became contaminated. A decree of Baccarat I (A. D. 600) stipulates the penalty of being beaten with rods for prostitutes. Under the Merovings and Karolingians prostitution was a vagrant occu-

pation, increased by pilgrimage to Rome and Jerusalem. The clergy and notables sank into the grossest immorality, and even Charlamagne, who in his "Capitularies" waged war against it, lived in polygamy. The loose morals of the Crusaders, who under the cloak of religion ransacked and fired property and abused and raped women, were another fertile source of depravity. In the French Crusade of 1180 not less than 1,500 lewd women accompanied the soldiers. The army of the Duke of Alba marching against the Netherlands had with it 400 mounted and 800 prostitutes on foot marching in rank and file behind their own flag.

The naivest conception of prostitution was held by the medieval minds. To preserve the purity of the family and to collect revenue were the two incentives. The weekly revenue of seven German pfennigs from a brothel in Schwabach went toward the payment of the preacher. In 1842 the Bishop of Mayence complained that his income had been curtailed since the town kept the revenues from houses of ill-fame. And it is chronicled that in the sixteenth century the papal chamber collected 20,000 ducats yearly from the same source. When Emperor Sigismund, in 1414, visited Berne with a retinue of 800 horseguards, the freedom of the town houses was tendered them, which was highly acknowledged by the Emperor in a letter.

In spite of this toleration to the limit, the women of ill-fame were regarded as dishonorable and beyond contempt. Here, too, we again witness the old iniquity. These women lived under the jurisdiction of the hangman and their status was regulated to smallest detail, but they were not absolutely outlawed. On the other hand, the same church which denied them a decent burial permitted them to worship in their edifice, and accepted, as did the cathedral in Ulm, a consecrated candle yearly from the proceeds of the town brothel. By this seeming inconsequence the church intended to point toward an ever-open door for salvation, and the state joined these sentiments by the erection of houses of refuge for repenting sinners.

These casual enumerations which could fill volumes are mentioned here to show that vice in the middle ages was regarded as nothing evil so long as it was kept within bounds. The main aim of this tacit toleration was to keep family life pure and decent women unmolested and the too willing adherence to the Galenic teaching that continence is dangerous.

With the reformation an ascetic trend took hold of the people. Luther waged a merciless war against houses of ill-fame. Henry VIII, in England, suppressed them. France, in 1560, abolished them, Berlin in 1607 closed them, in turn to be reopened, and abolished again.

At this time a hitherto unknown scourge, syphilis, deci-

mated the terrified people, and the combination of both circumstances changed the people to lead a more moral life. This promising change was ignominiously cut short by the outbreak of the Thirty Years War and later of the Seven Years War. The debauchery of the Crusaders came into existence again thru the infuriated soldiery and uncurbed religious fanaticism of the population. The loose morals of the French courts under Louis XIV, XV and XVI and the Russian court under the Catherines contributed toward the immorality of that age. A reaction took place in the eighteenth century. Maria Theresa of Austria created the ill-famed morals-police ("Chastity Commission") to eradicate the evil. Its spies, however, misused their powers shamefully, as do the different vice-squads of to-day, and a well-meant but poorly-conceived effort had to be abandoned, as those of the Utopian moralists of to-day ought to be. Frederick III, in 1690, directed that all prostitutes be sent to the workhouse. It was all in vain. In 1700 the brothels were reopened again, closed again and finally abolished in 1854. The viewpoint of the authorities on the continent was then what it is to-day, namely, prostitution is an inevitable evil that must be tolerated and so supervised as to lessen its sad moral and hygienic consequences.

THE ADVENT OF CHRISTIANITY AND FACTORS IN PROSTITUTION.

We have seen in the foregoing fragmentary details humanity permeated thru all ages and races by venal and illicit sexual life, and the evolution of prostitution from the pious to the profane form. With the advent of Christianity, sacrifices of life and virtue became exinct and devotion to God was evidenced by prayer, righteousness and morality. This last requirement, however, was and is a sadly labile virtue capable yet of great improvement. The question then stands as follows: Is prostitution entirely eradicable? History has amply shown this to be impossible. There is present on one side an atavistic dormant propensity toward polygamy in man, a developmental defect as it were, mitigated by religion, education and self-control; and, on the other, an almost extinct inclination for polyandry in the female, present in an almost negligible quantity. Taking, then, this minor part as predestined, as a type which remains constant everywhere, probably caused by the survival of primeval cell types in the brain, we are enabled to account for the presence of that portion of the female factor of prostitution. Let us call this the anthropologic factor of the vexed question. A major part will include such women as possess only the slightest attributes of such stigmata; under favorable circumstances these remain innocuous, but under the influence of adverse socio-economic conditions may make the character one of lesser resistance. These I would call the circumstan-

tial factors, yielding the occasional prostitute. Yet another part recruits itself from otherwise favorable conditions, girls who are attracted to prostitution by the luxury and ease it promises in opposition to the toil and meager returns of their vocation. The latter may be called the industrial factor, and its devotees, prostitutes by choice.

The male factor of prostitution is held to be the sexual hyperactivity of men, creating a demand which is met by supply. This proposition is not absolutely correct, because I think this should be met, altho not in an equalizing proportion, by the higher sense of morals in women developed in them thru ages. Whatever minus remains between these two disproportionate traits must of necessity be imputed to men. Here is where the so-called social conscience must be awakened. There is reason to believe in the advent of a time—let us hope not too far distant—when the virus of this moral weakness will be so attenuated by the immunizing serum of a sublimer conception of sexual morals, that masculine vice may no longer play an integral part in the prostitution problem. Even after such a change to the better the feminine factor will not entirely cease to produce its quota, altho this will be lessened.

WOMEN IN INDUSTRIAL LIFE.

Another source of prostitution is the entrance of women into industrial life. For centuries she was surrounded by home life and home industries. Then the spinning wheel gave way to the loom in factories, the needle yielded to the sewing machine, the individual worker changed into a "hand," producing in the factory a certain part of the whole. Women have entered the professions, arts and literature with success. She has gained independence, but is lost to family life and its beneficial influences. The strife for self-support has exposed her to dangers against which she must develop defensive measures. In competing with the male element she has demolished his inherent sublime adoration toward the sex and his indulgence toward her frailties. Besides this, the maintenance of the population is sadly encroached on. But these are transition stages, symptoms of new conditions, which will ultimately equalize themselves satisfactorily. Meanwhile the state does and must lend woman a helping hand by mercantile, factory and compulsory association and mutual aid laws.

HOUSING FAÇILITIES.

A further cause of prostitution are the poor housing facilities and lack of privacy in the dwellings of the poorer classes. The adolescent are involuntarily witnesses of conditions which blunt their moral perceptions. The etiology and pathology of many cases of beginning waywardness can be found in this promiscuous cooping up in sunless, cheerless quarters. In some

districts in New York the average is 3.7 rooms to a family. Of 13,657 families, 13,079 are without bathing facilities. Among 270 colored families in Brooklyn, there are, according to the Rev. Dr. Laidlaw, only 6 bath tubs and 231 families have no modern toilet conveniences. About 1,250 cubic feet of air is provided per room. The average size of a tenement family in New York is five, and sometimes there are boarders in additions. Among Italian garment workers from 2 to 3 families, making a total of from 10 to 15 individuals, occupy a single room. Of the 3,437,202 inhabitants of Greater New York, 2,372,079 persons, or more than two-thirds of the population, live in 82,652 tenements. In one precinct not more than one mile square, 60 well-known centers of prostitution were found. By drastic penalties—a $1,000 fine—exacted from the landlord, this condition has been greatly ameliorated lately. In Berlin, two-thirds of all the dwellings contain two rooms at the utmost, and are inhabited by 1,286,903 people, that is two-thirds of the total population, numbering 1,827,477. In the same city 61,765 households had 98,022 lodgers, and 1,955 household contained in one single room, parents, children and lodgers up to ten, and sometimes those of different sexes. In Breslau there are 7,279, in Dresden, 6,708, in Hamburg, 5,843, such over-populated households.

In our country, where the police do not enforce reporting of every tenant, boarder or lodger as soon as he hires the premises, statistics on this point are not available and we have to depend on the census, which is taken every ten years.

CHILD LABOR.

From the ranks of minors a large amount of prostitutes is recruited. The wretched children of the lowly poor, exposed in this way to the debasing influences of squalor and vice, are driven to the street by the necessity of earning money. The boys sell newspapers, the girls, if lucky, find employment at starvation wages, or else have to shift for themselves. Commingling with the other sex, without a moral backing of salubrious home influences, ill-fed and ill-clad, they fall victims to their own and their male associates. Here is where the unspeakable "cadet system" reaps its harvest.

Child labor is another source from which prostitution of minors develops. Child labor is on the increase in the United States. Where there were a few years ago 24,000, now 80,000 are at work. The child-labor laws in various states are very different. In New York the minimum age limit is fourteen, in the South ten years. Congressional legislation, by establishing a national child-labor bureau, will remedy these abnormal condition.

EMPLOYMENT AGENCIES AND MIGRATION TO CITIES.

Employment agencies are another source of prostitution, especially for the immigrants. Their fraudulent advertisements, the practice of sending women to disorderly places or otherwise misleading them, has lately developed into a veritable "white slave mart" for the pandering of girls. In New York state much good will be done to better these conditions by the passage by the legislature of the Prentice bill.

The trend of migration to the large cities is another incentive to prostitution. The seduced country girl comes thither or leaves home, which to her means grinding drudgery without relaxation. Or she is driven away by the carelessness of parents, or because of a cruel step-mother or a degenerate step-father. Often she is illegitimate and leaves when she is old enuf to understand her position, which is cruelly thrown up to her. In other instances, laziness, vanity, levity or an inclination to overstep her station; occasionally a married sister in the city or the gold-brick tales of an already initiated woman tempt her or her continental immigrant sister to betake herself there. Here she is swallowed up in the malestrom of pulsating city life. Fortunate she is if she obtains a position as a domestic, which these girls, however, dislike, or gets work in the industrial branches, if she is skilled. She usually becomes a starvation wageworker only able to engage a sleeping place amid squalor and poverty. A strike, a lock-out nullifies her scanty earnings. Life and body must be sustained and if the girl has a character of lesser resistance the occasional, and sometimes the professional, prostitute is created.

ABOLITION VS. REGULATION.

The infinitely complex make-up of our social fabric, necessarily incapacitates any attempt, even approximately, to enumerate the sources of the socal evil. Cause and causation are so interwoven in an inextricable mesh-work of logical factors, of which only the crudest ones are perceptible to us, that the major part is beyond our power of observation. Just as our retina can not perceive the ultra-violet rays of the spectrum, so are our logical powers limited in certain directions. Anthropologic, religious, racial, climatic, moral, economic and socal factors converge to bring forth the prostitute. Where is the human mind that could penetrate into these depths and dissect and join together the sequences?

From a sanitary point of view prostitution must be regarded as the main source for the spread of venereal disease, a clearing house as it were, from, toward and thru which courses in an unbroken vitiated stream the poison which inoculates the living, blinds the babe in entering this world and taints the yet unborn, stamping on the innocent countenance its stigmata of degenera-

tion. In comparison to this all other modes of propagation are almost *nil*. Therefore, the sanitarian endeavors to minimize its dire consequences: the spread of venereal diseases.

The strife between abolitionist and regulationist is a useless battle between two well-meaning parties. The animosity, not to say intolerance, which is exhibited by the former and which almost wrecked the last Brussels conference, is significant of an over-passionate zeal which sees a heretic in every opponent. No such an over-ebullient warfare can be found in the ranks of the latter, mostly medical men. The chasm between the two factions is only an imaginary one. The sanitarian, especially the English and American, is an abolutionist in the sense that he too would like to see prostitution eradicated, where the abolitionist commands it to be.

Sanitarians know the inefficiency of regulation, the impossibility of controlling clandestine prostitution; the false security it lends; the arbitrary power it gives the police, and the impossibility for an inscribed woman to return into orderly society. In this country, attempts at regulation have signally failed. St. Louis tried it in 1872, and an attempt was made in Buffalo and Philadelphia in 1902. Detroit and Cincinnati have a regulation somewhat after continental plans. In the Philippines the issuing of a health certificate to a woman and the regular inspection of soldiers for the same purpose is in vogue. Venereal diseases have since diminished there. Here then the most fervid abolitionist finds his ideal materialized, inasmuch as both sexes are examined, but notwithstanding this, abolitionists indignantly oppose the general order.

It is in this rigid adherence to abstract reasoning the difficulties between the abolitionists and sanitarians commence. On the socio-economic factors both factions agree. The ethico-moral components of the question, however, are continually clashing with the sanitary-medical one. The sanitarian is imbued in no lesser degree than the moralist with the ideals of purity, but his attitude is a loftier one, because he stands nearer the reality, his standpoint is a godlier one, because he ministers to the dejected soul and diseased body. The "crucifixion of the flesh" could not even be accomplished by the apostles, according to Paul (Romans, 7, 25). It behooves, therefore, that the inflexible position of the moralist should give way to compassion, and to the conviction that under the existing social iniquities, human nature is slow to change from the inherited taint of ages. To regulate the social evil by exclusively ethical means is impossible. The virus that permeates society needs a quicker remedy. Moralists and sanitarians must meet by mutual concessions on a common platform. There are excellent points in each system, but better ones yet in a blending of both.

REMEDIES.

The remedies against the social evil can only be symptomatic and are just as manifold as its causes. We must try to apply to the enumerated causes, the antibodies that may neutralize the symptoms.

I have dwelt elsewhere[1] on some feasible modes of venereal prophylaxis, to which I direct the reader's attention.

The attitude of *law* to prostitution has been in part alluded to already. In the main the law of all civilized countries does not punish prostitution as such, but is punitive towards its correlates; the procurer and keeper of houses of ill-fame. It is the divergency between the high moral standard of marriage exacted by the Scriptures and the prevalent customs, brought about by the already mentioned developmental defects in man, which causes this unfortunate condition. The state does not recognize any other union and its consequences. It does this not for ethical reasons alone but for the selfish purpose of having the race perpetuated. In this, however, the state is inconsequently partial. The atavistic tendencies the state can not extinguish, the economic requirements for an early marriage it is powerless to grant. Yet with two negative premises the state has the temerity to exact continence until economic independence to enter marriage is reached. The consequence of this coercion is two-fold. Men would either be condemned to absolute sexual inactivity when the strongest of impulses throbs thru their veins, which is impossible or, in order to avoid illicit intercourse, men would marry without possessing the maturity of age and the financial means for a promising union. This, of course, is a subterfuge. The state should discourage such marriages. In an investigated number of cases Lillian Brandt in her book, "Family Desertion," reports that in a group of 564 marriages, 30 per cent. of women and 10 per cent. of men married before they were twenty. Seven of the women were fifteen years old. In nine cases men had been forced to marry in order to legitimize the child. The children of such marriages are a burden to the community and the contracting parties will belong to the so-called social deficit. Such conditions give rise to meditation because they in turn will lead to prostitution. Moreover, not every marriage is a moral one. The so-called reason marriages, marriages by design, for money, by coercion, to gratify lust solely, marriages in which procreation is tabooed, which in a way resemble prostitution for its aim to satisfy mutuality only; the countless divorces indicate sufficiently that not everything that custom sanctions is moral. After all, custom is nothing but the acts which the majority of people practice and the sum total of uncodified rules, to which they voluntarily submit. A deed which is culpable is not necessarily an immoral

[1] "Venereal Prophylaxis That is Feasible," THE JOURNAL, A. M. A., Jan. 24, 1903.

one (political crime, duelling). Again, not everything that remains unpunished by law is necessarily moral (drunkenness, contracting debts). Criminal law and moral law emanate in some respects from different viewpoints. The custodian of the first law, serving as a material check; that of the latter, ethics and morals, a metaphysical check. Both kinds of laws diverge at times.

It is painful to admit that prostitution is an inevitable and socially and physiologically an only too well-defined form of sex relations. Its survival alone testifies to it. I do not attempt to discuss its right of existence. I simply state the fact that it does exist. I further admit that it is a degenerative form of sexual life, degrading its participants and spreading venereal diseases, a menace to progress and civilization, if its consequences are not stopped.

The state feels the weakness of its position and tacitly tolerates the inevitable evil, the punishment of which does not strictly lie in its province. The law should step in when vice exhibits itself in a provocative and indecent manner in person, print or lascivious illustrations. The state looks on the keeper of a house of ill-fame as a purveyor of vice, consequently it punishes him as a purveyor of unlawful deeds. It does so with the hotel proprietor for an occasional rental of room for the same purpose. Even the private premises of the prostitute constitute a house of ill-fame in the eyes of the law. The tolerated, unpunished vice is made punishable at the very time it is practiced within four walls. What inconsistency!

Where shall vice be consummated in order not to offend public decency? True, the state is not obliged to promote its practice, on the other hand, by persecuting it and hunting for it in its privacy, the state is driving prostitutes to the street, from which it intended to make it disappear.

I advise, therefore, absolute non-interference unless public decency is interfered with. Thru this wide moderation and limitation of its powers, the state need not fear the reproach of the moralist that it countenances the evil. This is a syllogism. The state deals with other transgressors, thieves, robbers, etc., why should it be accused of conspiracy with vice when it does not deal with its exponents, when it ignores them? When the state promises immunity to the state witness, it certainly bargains with vice. Why should its inactivity in this respect be thrown up to it?

Let the moralist and the sanitarian make peace with each other. Let the moralist not approach this question from an untenable and too transcendental ethical point of view, and let the sanitarian remember that sanitation and ethics are paramount and compatible with each other. 42 West Ninety-first Street.

Official Journalism

BY W. F. WAUGH, M.D.

No benefits to be secured from organization can possibly atone for the extinction of genuinely independent journalism. While these benefits are great and undeniable, there are apparent some tendencies that seem to us unnecessary and objectionable. Must we have with this an inquisition that seeks to enforce unanimity of belief and uniformity of practice? Is it necessary that a shibboleth be established, and everybody who can not line up with the prevalent doctrines be stigmatized as "unsafe," and excluded as much as possible from participation in the management and active operations of the organization? The American spirit revolts at anything like ring domination, and even the appearance of such control should be avoided. Failure to appreciate this fact indicates a lack of governing ability; and the use of political methods to wedge a dominant clique in positions of authority, shows a distrust of and antagonism to the body of the organization, that is sure to induce a similar spirit in the latter.

The desire to establish unanimity of belief and practice is based on narrowness of view and limitation of knowledge. It illustrates a well-known phase of humanity, of whose tendencies the history of mankind presents too many examples. The desire of intensely believing men to whip the rest of the race into conformity with their own beliefs and modes of action, has not died with the Inquisition. Nor has the nature of man altered much during the progress of the ages, in aught except its increasing knowledge of material facts. There has been some rise in the possibility of developing the powers of the intellect, but not so much. The disposition to look upon this man and that as heretical, because they do not align themselves with the masses, is as vital and well-nigh as universal as when the Jews crucified Jesus, or when Calvin burnt Servetus. That this spirit is no longer rampant in theology is, we believe, less due to indifference than to the growth of the softer virtues, of tolerance, charity, and the recognition of personal rights of conscience and action.

In the more conservative and less developed medical profession we are still archaic, tho progress has been made in some respects. We at least admit the right of the "irregular" to live and breathe; we may acknowledge that he has a right to his belief and may be honest in it, even if it differs from our own. In some parts of the country we may return his bow, and in some even meet him in consultation. We may steal tidbits from his books if we are careful to give him no credit for them, but as yet it is scarcely safe to openly acknowledge our indebted-

ness. But this does not prevent a man who dares to think for himself, and to proclaim views not stamped as current, being looked upon askance, admitted to associations on tolerance, and effectively squelched by freezing out or ignoring him as much as possible.

Kicking? Not a particle. This is neither invective nor argument; it is current history.

New Uses of Sulfide of Calcium (Calx sulphurata)

For many years I have been using this remedy for the *cure* of croup. Altho it may sound extravagant to speak of it as a curative, nevertheless as it has not as yet failed to do the work in my cases, it is entitled to the credit. After the success in this malady I used it for the conditions of enlarged glands of children, more especially adentitis of the neck, and the results were equally gratifying, the inflammatory symptoms gradually subsiding, and the glands assuming the normal without suppuration.

Case 1. Last August there came to my attention a case of a child 4½ months old, rather poorly nourished and somewhat pale, with acute indigestion. Discharges green with some curds, and offensive odor. Cleaned it out with calomel and castor oil, followed with sulfo-carbolates, but the temperature still kept up, with much uneasiness and sensitiveness to noise, and meningitic symptoms. This was treated by the usual methods suggested by the best authorities, but without avail, and it occurred to me that possibly systematic disinfection with stimulus of the lymphatic channels might encourage absorption, and emeliorate the condition of the case. I gave 1/10 to 1/6 gr. calcium sulfide once in 3 or 4 hours. When this was commenced the child had distinct opisthotonos, internal strabismus, took no notice of anything, pupils responded very slightly to light, temperature was 103½, pulse 165, respiration 50, and the prognosis was certainly gloomy. Under this regime the fever decreased about ⅔ of a degree each day; the head symptoms steadily went away, pulse and respiration slowly became normal, and the patient made a complete recovery. The sulfide was continued for about a week, and all the while the bowels were kept open with castor oil.

Case 2. H. D. was taken with headache and loss of appetite and the other usual symptoms of typhoid. I saw him on the 7th day. Found him with temperature of 102½. Cleared the intestine with calomel and oil and followed it with sulfocarbolates. This alternation was continued thruout the sickness, with entire absence of fever resulting on the 16th day and did not recur, the recovery being uninterrupted.

Case 3. Mrs. B., aged 35, had been painting and papering her rooms the latter days of December last, and on Jan. 1st was taken with severe labor pains, as a result of which a 2½ month's fetus was expelled with a violent hemorrhage; but the placenta was retained. The physician in attendance could do nothing about removing it because of the extreme weakness and debility of the patient. After using tampons and bracing her up as well as could be done, in a few days she was given ether and removal of the placenta undertaken. At this time the heart became so weak that the second sound was absent; pulse was 165, so we were obliged to give up getting it. The stimulating and tonic treatment was continued with the hope of getting her into better condition for curettment but on the second day after the first attempt at removal, there developed the distinct symptoms of sepsis, and the breath was extremely offensive. She got high temperature and chills, and pulse was 125 to 135. This of course demanded interference of some sort or the loss of the patient seemed inevitable. We decided to try the sulfide for general disinfection, and gave it steadily one in 4 hours. The fever went down gradually, the headache lessened, the mind became clear, breath lost its offensiveness (except after taking a dose of sulfide), and all the septic signs disappeared. This gave us time to tone up the patient for operation. The patient was given ether on the 13th day of Jan., and the uterus thoroly cleaned out, and all done under strict antiseptic conditions. One particularly important point with reference to the effect of the sulfide was that the general circulation was not only freed of sepsis, but when the curettment was done there was not a trace of odor to the remaining contents of the uterus. The lady has had no return of fever, has a fair appetite, and is at this writing doing finely. Under the circumstances it is to be considered that the sulfide saved the woman, for operation would otherwise have been impossible from the extreme anemia and heart weakness, caused by the sepsis.

Case 4. I refer to this case only to show the "antitoxic" effect of the sulfide on the aged. A lady aged 80 with severe influenza, and no power of expectorating. The bronchial secretion was softened with emetine and ammonium carbonate, but with nearly every effort to cough she would bring up phlegm and swallow it; there was more fever and headache with uneasiness and quicker irregular heart action, and it was apparent that toxemia was the condition from the stomach and intestine. I accordingly gave this woman the sulfide for about 4 days, the results being that the temperature and pulse became gradually normal and head clear; with daily free action of bowels with salines she is making a fine recovery. This would indicate that many old people die of septicemia following bronchorhoea or

pneumonia, and that it may be possible to destroy the toxins by the sulfide of calcium, thus saving the patient.

As to the action of this drug, I am much in doubt. There is no question in my mind that it has a permanent and powerful influence over toxins, and how many of them it will neutralize is yet to be learned. But it is certainly a powerful systemic disinfectant.

F. C. MORGAN, M.D.

Felchville, Vt.

Bad Specimen of Christian Scientist

A few years ago I was attending the wife of a saloon keeper who was suffering from peritonitis. There was nothing particularly serious about the case. One day a Christian Scientist lady gained access to the room of the patient; she told the sufferer she should not take any more doctor's medicine—she could put her trust in God and buy two books from her (one of which cost $3.00 and the other $2.50), and the Christian Scientists were to come and pray with her every day. "Now," she said, as she left, "if you do not take the help so freely offered, you will be worse to-night at mid-night." The patient was rather in favor of Christian Science herself, but saloon keepers are not, as a general rule, very much taken up with anything in the Christian line, whether it be scientific or not, and the consequence was that the husband did not allow his wife to take the treatment. That night, at midnight, Mrs. T. was taken much worse—so much so that the priest was summoned as well as myself. The man of God was the better sprinter and he had the patient shrived when I arrived on the scene. A hypodermic or morphine quieted the lady down, and she decided to stay on this mundane sphere a little longer. In a short time she was well.

As I left the house on my last visit I was hastily summoned to see a woman in the neighborhood, who was supposed to be very ill, and being ushered into the room of the patient, I was surprised to find the Christian Scientist herself sick, and she said she felt very bad. She had a bad cough, palpitation of the heart and pains all over the chest. She thought she had pneumonia. I asked her if she had prayed over the matter. She said she had. I asked her if she had read those two books (one of which cost $3.00 and the other $2.50). She said she had, but the matter had gotten beyond her. I saw some cigarettes half burned on the table. Upon questioning her I found she had smoked a great many. A whiskey bottle on the mantlepiece told a story of alcoholic gastritis. The woman was suffering from a cough caused by excessive cigarette smoking, and her heart was irritable from the same cause. She is to-day a leading exponent of Christian Science in Chicago.—N. J. State Jour. Med.

Therapeutic Abstracts

Alcohol in the Treatment of Felons

It is claimed by Dr. J. R. Eastman, Professor of Surgery, Indianapolis, that a commencing felon will always be aborted by the local application of alcohol under perfect air exclusion. Cotton is saturated with alcohol and placed about the affected part and a thin rubber finger-cot applied over all. Seventy-two hours usually suffices to give relief or even effect a cure. He learned this in Bergmann's Clinic in 1897, since which time he has not had occasion to lance a single felon, the treatment of which was begun in time by this method.

The Therapeutic Value of Digalen.

This recently introduced active principle of digitalis has been used considerably and with success. Dr. Z. F. Orlovski (*Russky Vratch,* Vol. 5, No. 34) has employed it in a series of cases and finds it to be a reliable remedy for regulating the activity of the heart. Digalen has some advantages over digitalis, namely, the possibility of more exact dosage and the complete absence of all collateral effects. It can also be used hypodermically; however, there is a rather sharp local reaction. Intramuscular injections of the drug, on the other hand, are well borne. The remedy has, like digitalis, a certain cumulative effect. In some cases where digitalis failed, digalen gave satisfactory results. The doses employed by the author varied from 20 to 30 drops three times daily.

Treatment of Angina Pectoris

Dr. H. Barber outlines the treatment as follows: During the attack give amyl nitrite at once. If it fails to relieve in a minute or two, give a little chloroform on a sponge or from a smelling bottle. If pain still persists, an injection of morphine, grain ¼ is called for and at the same time a stimulant drink like ½ an ounce of brandy given. Sometimes sodium nitrite in 2½ grain tablets is sufficient for the pain. The dose is 1 to 4 tablets.

In the interval between the attack the patient should lead a well regulated life, avoid all kinds of excitement, physical and emotional. Exposure to cold should also be avoided. The use of toxic stimulants, such as tea, tobacco, alcohol is very dangerous. What is needed is a quiet, regular life with plenty of fresh

air and moderate exercise, warm clothing and the absence of all excitement. The diet should be light and moderate. Vegetables and foods likely to cause flatulence must be avoided, meals taken regularly and the bowels kept open, preferably by a so-called "dinner pill" of aloes and nux vomica. Medicinally, large doses of potassium iodide are efficient in arterial degeneration. In neurotic cases potassium bromide is very beneficial. Anemic patients do well on iron, which may be combined with digitalis if valvular disease of the heart is present. If arterial tension is high, caffeine and nux vomica are preferable to digitalis.

The patient should always carry amyl nitrite capsules or nitroglycerin tablets with him.

Aspirin in Gynecologic Affections

Aspirin has succeeded in displacing salicylic acid and sodium salicylate in very many affections. The literature on the subject is very considerable. Dr. Fr. Chidichimo reviews a number of reports on the subject. In all rheumatic diseases, aspirin has given excellent results and has shown itself to be free from many drawbacks attending the use of the older salicyl compounds. Many authors maintain that aspirin is free from untoward by effects. Recently Dr. Dillnberger has published a series of observations on the action in gynecologic affections, and arrives at the following conclusions: (1) Aspirin acts very well in ovarian dysmenorrhea by reliving the hyperesthesia and soothing the general nervousness. (2) In uterine dysmenorrhea the remedy is very valuable for the relieving of pain. (3) If the drug be given before menstruation, dysmenorrhea may be often suppressed.

Other authors have experimented with aspirin in female affections having a rheumatic basis and obtained good results. Even in puerperal affections aspirin has proved itself valuable in combating the pains and the fever. It is well known that nursing women are very susceptible to the action of numerous drugs which must, therefore, either be entirely avoided or used very sparingly. In this respect also aspirin is free from harmful effects, experiments having shown that it does not pass into the milk. Since rheumatic diseases are often complicated with lesions of the heart it is important to know that aspirin exercises no ill effects upon this organ. As to dosage, the author advises two to three grams (30 to 45 grs.) two or three times daily, varying the quantity according to the individuality of the patient.

As a MUSCULAR TONIC.—

℞ Syrup. acid. glycerophosphatis comp. Huxley ..... ℥viij
Tr. nucis vom. ..... ℥ii
Sodii formatis ..... ℥ii
Ferri formatis ..... ℥i

M. Ft. Sol. Sig. One teaspoonful in a wineglass of water immediately before or with meals.—H. Sylvester, *International Therapeutics*, Oct., 1906.

The Treatment of Chronic Leg Ulcers

By JOHN MACDIARMID, M. D., DeLand, Fla.

No matter what the exciting or immediate cause of an ulcer may be, a wound or burn or scald, long continued pressure or friction, varicose veins, blood dyscrasia, or whatever else it may be, the effect is the same—a spot of lowered vitality which should be restored to normal activity. Whether it be superficial or deep, freely or scantily discharging, the first and greatest need is to clean it and keep it clean.

My favorite way of doing this is by shaving the leg for two inches or so all around the ulcer, washing the shaved area with soap and water and the ulcerated surface with undiluted peroxide of hydrogen, then swabbing the ulcer with pure carbolic acid for a minute or two and afterwards with pure alcohol. If the margins are indurated, as they frequently are, I scarify them thoroly, or preferably dissect them. When bleeding has stopped, I put on several thicknesses of gauze saturated with a two per cent. solution of carbolic acid, cover this with oil of silk and a little absorbent cotton, and bandage the leg snugly from the ankle, or, if the ulcer is large and of long standing, from the toes to the knee. The dressing is removed two or three times a day, or as often as is necessary to keep it moist and clean, the patient put at rest with the leg more or less elevated, and if he is in good average general health the ulcers will be healed completely in from twenty to sixty days. The leg and ulcer must be kept clean but the swabbing with the pure acid need not be repeated unless the healing process should be arrested.

Of course constitutional treatment must not be overlooked, as the history of some cases points to the necessity of giving alteratives, or tonics, or both.

Should the continuous application of the carbolic acid have any undesirable effect, which, by the way, it very rarely has, one's favorite wet antiseptic dressing for wounds may be substituted, as the first thoro cleansing and the constant compression exercised by the dressing are the main factors in restoring the parts to a normal condition.

The Vaginal Tampon

BYRON ROBINSON, M. D., Chicago

1. The vaginal tampon consists of a roll of medicated cotton (hen egg size) tied to a 12 inch string, placed in a solution of two ounces of boric acid in sixteen ounces of glycerin.

2. It should remain in the boroglycerin solution forty-eight hours before being used.

3. The utility of the vaginal tampon is: (a) it is hygroscopic; (b) it serves as a mechanical support; (c) it contracts tissue (muscle, elastic, connective); (d) it contracts vessels (lymphatic, vein and artery); (e) it hastens absorption of exudates;

(f) it checks secretions; (g) it stimulates; (h) it curtails inflammation; (i) it drains the pelvic organs; (j) it cleanses; (k) it dissolves mucus, pus and leucocytes.

4. The method of introduction consists in placing three to five vaginal tampons (with, or better without, the aid of a speculum) in the vaginal fornices in the direction of least resistance.

5. The diagnosis is aided by the use of a tampon, by collecting and preserving the uterine discharge (as pus, blood, debris).

6. The requirements of a vaginal tampon are: (a) it should be non-irritating; (b) it should possess hygroscopic power; (c) it should be a solvent of discharges (mucus, pus, leucocytes, blood); (d) it should aid in the dissolving and the mechanical removal of morbid secretions, accumulations, and foreign bodies; (e) it should be aseptic (not necessarily antiseptic); (f) it should not indelibly stain the clothing (this is an objection to the use, *e. g.*, of ichthyol); (h) it should be reasonably economical.

7. The frequency of application of the boroglycerin vaginal tampon should be, in general, twice weekly; more frequent may cause irritation.

8. The time to apply the tampon is at night during maximum anatomic and physiologic rest.

9. Duration: the tampon may remain usefully in position ten to twenty-four hours.

10. There are no special contraindications to the application of the vaginal tampon in pelvic cases.

11. The boroglycerin vaginal tampon may be beneficially applied in: (a) inflammatory pelvic diseases (vaginitis, endometritis, myometritis, endosalpingitis, myo-salpingitis, pelvic peritonitis, proctitis, cystitis); (b) sacropubic hernia (a support for the uterus), cystocele and rectocele; (c) in general ptosis it depletes the lymphatics and veins.

12. A vaginal tampon applied according to the above directions will prove to be of therapeutic value, in the treatment of pelvic disease, a prophylactic agent and a comfort to the patient.

Variability of Galenical Preparations of Digitalis

Dr. Frankel (*Therapie d. Gegenwart,* Jan. 1906, p. 9) has shown that several infusions of digitalis ordered at the same time from several drug stores showed the same or the following day a variation in strength of from 100 to 275 per cent. In other words, a tablespoonful of one infusion represented the same strength as 2¾ tablespoonfuls of another. Among the tinctures the variation in strength was still greater, the difference ranging from 100 to 400 per cent. Attention is also called to the fact that the strength of digitalis leaves varies greatly, according to the season of the year in which they are collected.

Letters to the Editor

Do Drugs have any Value.—A Challenge

Dr. W. J. Robinson, Editor CRITIC AND GUIDE.

Dear Doctor:—I notice your challenge in October number of your most excellent journal, the CRITIC AND GUIDE.

Among the quoted "legends" I see one that is familiar, namely: "Drugs never cure." As *A Stuffed Club* is on your exchange, I presume you found it there. [It is to be found in lots of fake journals.]

As I have no desire to "sell" anything except information, I shall encourage any honorable effort you, or anyone else, wills to make that will protect a confiding public against the foibles and "well intended, curious, if not always delightful, mixtures of truth and falsehood, wisdom and imbecility," that I, as a unit of the great, and fast growing non-medication schools unwittingly subject it to.

I might have past what you said of the "vociferous, respectable number of 'reform'" journals that are on your exchange list, and believe that you did not mean me, if it had not been for your third paragraph: "The Editor is somewhat sick of the ignorant or hypocritical cries of the so-called drugless healers and therapeutic nihilists," etc. I make no pretentions of being a healer. I can't heal anything. Nature only can heal disease. Man can help by placing the elements necessary within reach.

Dr. W. C. Cooper dubbed me "drug nihilist," and he ought to know, for he is a past master in the art of word evolution, in truth he is a nomenclator. So much I must suffer for having friends like the sage of Cleves, Ohio.

As I am editor of *A Stuffed Club,* a monthly periodical that has never lost an opportunity of declaring its allegiance to drug nihilism, I must be one to whom your challenge refers.

I have read over your defiance carefully and I must say that I think you have drawn it up hastily and without due consideration. It does you injustice, for the most liberal construction that can be placed upon it, fails to lift it above the category of contests peculiar to the "tin horn gambler," or the "dead game sport."

To meet you according to the wording of your challenge, would end in no benefit to science, our profession, nor the public; it would not prove that drugging is right, nor that non-drugging is wrong. It would simply settle the question of which of us shall have the other's thousand dollars. A pittance, indeed, for

one to realize in exchange for one's honor. [In what way is the honor affected?]

My drug nihilism and other irregularities [We allow now considerable latitude in conduct and absolute freedom in methods of treatment, so your irregularities must have been pretty bad ones.] have placed a professional ban upon me, but notwithstanding my reputation I am not disposed to defend my opinions by other than methods that will reflect credit upon me and the cause I advocate. As for you, if judged by your writings and your standing in the profession, you can ill afford to do anything that will lower your professional dignity, even if your object is to force dissenters, blow-hards and adventurers to either make good, shut up or pay for their noises, a most worthy ambition for anyone to have if it does not cost too much in real manhood.

I shall be delighted to meet you in any contest that will reflect honor on us as individuals, rebound to the glory of our profession and neither last nor least, result in a benefit to mankind. But I cannot see wherein anyone would be benefited if I accept your challenge, to each of us treat one case of gonorrhea. If you should accidentally beat me out, would I and my friends be convinced? No, no more than you and your friends would be if I should land my patient, *apparently cured,* a few days before you.

It should be common knowledge to every member of the great medical profession that some of the most expert venereal specialists can't tell when a victim is cured of clap, and because of this great uncertainty and lack of skill on the part of eminent doctors, marriage is often converted into a tragedy in which even the fiends of hell can take no delight, for it means that an innocent human flower has been blasted on the instant of perfection. Not killed? No! Nothing so kindly! Consigned to a living death, in which there are possibilities that innocence may be made wise, adding mental destruction to physical wreckage; all because a disease was pronounced cured, when drug treatment had only masked it.

A contest consisting of treating but one case each of a malady that is often the most *menacing to a community,* when pronounced cured, savors too much of the elements of chance and uncertainty, to be of value. A contest of less than fifty cases for each of us to treat, occupying a year in careful post-recovery observations, would be of no special value to the profession and behind the profession, society.

I should like to believe that you had the good of the profession and the people in mind when you made this challenge, but you should know as all professional men of education must know, that such a test would be trifling—absolutely worthless—

hence unless your requirements are modified so as to make the contest of benefit to the world, I shall consider that real honor will be best served by ignoring your challenge, and looking upon it as worthy of "barefaced frauds and advertising quacks," your declaration to the contrary notwithstanding. If you refuse to modify your requirements as any self-respecting professional man would do, after having his error pointed out to him, you must not feel bad if accused of being a gamester in the guise of the profession.

The great medical profession should be interested in a contest of sufficient magnitude to settle, once for all whether drugging or non-drugging is best. I stand ready to contest this question with you if you and those you represent are as anxious to establish the truth as I am.

I will offer this in the place of your challenge: Interest the profession thru your medical journal and your standing in the American Medical Association, and secure the support of all medical men in furnishing us with a well equipped hospital, either in the city of New York or close by in the country; or if it is not practicable to invite the whole profession to take part in the contest, possibly the city or state medical societies could be induced to take hold of the scheme. If the societies can't be interested, possibly some charitable institution will allow us to take charge of its hospital for one year. If all these sources of help fail, perhaps private capital can be induced to start us in a private hospital; our combined influence would fill the institution with pay patients—people who would be attracted to the place believing they would get a better treatment than anywhere else, which, under the circumstances, would be a reasonable expectation. [I am liberal and would be willing, but my friends would not care to enter a contest with one whom they consider a "quack."]

As an inducement for capital to take hold of the scheme, I will say that I can influence at least $40,000 worth of business to the institution for the year of the contest, and no doubt you can influence as much more; then the medical profession, which should be as interested as we are, could double our influence, in fact it could, if it would, influence more patients to take treatment than we could possibly take care of. This would make the capital, furnished to launch the scheme, absolutely safe, and secure for it a fine profit. To further secure those backing us, I will agree, if I win the contest, to continue with the institution for a salary not to exceed $25,000 a year, and if you are successful, no doubt you will accommodate them in some such reasonable way.

If all schemes fail, possibly 50,000 medical men can be induced to put up $5.00 each, or $25,000, $10.00 each, or 1,000

$250 each, or 250 $1,000 each. I will agree to be one of 250 to put up $1,000, and no doubt you will be glad to do the same.

Possibly the most feasible plan would be to secure 50,000 subscribers for the medical report at $5.00 a volume. If this sum was paid in advance, we could start, after which the managing committee could secure all that would be necessary from fees of patients.

Capital should not be afraid to take hold, for such a contest would draw patients willing to pay fees as no other plan would. Invalids would not be slow to catch on to the advantage of going to an institution where the sole purpose would be to cure in the best manner and as quick as possible. [On the contrary, patients would most assuredly stay away, if they got an inkling that they were to be "experimented" upon.]

After securing a place to handle all classes of disease, there should be a committee appointed for examining the cases, diagnosing and registering the treatment and results. Not only the specific diseases named in your challenge, but all other diseases that flesh is heir to, should be included in the contest.

At the end of the year, it shall be the duty of the committee to decide which of us has made the better showing; if you, you should receive $25,000 cash, besides royalty on the book that will be issued containing a report of our work, which should not sell for less than five dollars a volume. Having lost, I would have my trouble for my pay; or if I should make the best showing, the money and royalty come to me, and you would have your trouble for your pay.

If some such honorable contest can be arranged for, I am with you heart and soul; but I beg to be excused from entering an affair of honor that is devoid of diginty and without someone's good at the finish.

J. H. TILDEN,
Editor *A Stuffed Club.*

[Here endeth Dr. Tilden's letter. Will a dozen good physicians undertake to put the plan into realization? It would be interesting. I have no doubt as to the outcome of the test.—W. J. R.].

Something Good to Know

In my cases of bilious vomiting I have been giving to adults one granule of aconitine, gr. 1/134, dissolved, every fifteen minutes. Usually the first dose stops the vomiting, altho I give four doses, which I follow with calomel and podophyllin, gr. ⅙ each for six doses. After four hours comes a full dose of saline laxative which cleans out the bowels and ends the trouble. The aconitine seems to destroy the sensitiveness of stomach when bile enters.

W. MOFFAT, M.D.
Grand Rapids, Mich.

Book Notices.

INTERNATIONAL CLINICS. Vol. 4 of the sixteenth series of this quarterly abounds, as usual, in good things. In the Section of treatment there is a good article by Dr. Rhein on Electrotherapeutics, illustrated. The Prevention and Treatment of Chronic Nephritis, by James M. French; The Etiology and Treatment of Chronic Constipation, by J. Dutton Steele; The Treatment of Obesity, by P. Grocco, and The Non-Operative Treatment of Renal or Ureteral Calculi Causing Colic, by Howard Lilienthal, are the other articles in this section. There are also sections on Medicine, Surgery, Obstetrics and Gynecology, Larynyology and Otology. (Bound in cloth, $2.00 per volume. J. B. Lippincott Company, Philadelphia.)

PULMONARY TUBERCULOSIS. Its modern and specialized treatment. With a brief account of the methods of study and treatment at the Henry Phipps Institute of Philadelphia. By Albert Philip Francine, A.M., M.D. Illustrated. (J. B. Lippincott Company, Philadelphia. Cloth, pp. 247. $2.00 net.) The title of the book tells is scope. It is an excellent book and should be in the library of every physician handling cases of tuberculosis, which means in the library of every practitioner. Every detail of the treatment of tuberculosis is discussed clearly, plainly, concisely and sanely.

THE TEETH AND THEIR CARE. By T. P. Hyatt, D.D.S. Dental Publishing Co., Brooklyn, N. Y. Cloth, 50c. A good little book on the subject expressed in the title. It is well printed and the illustrations are good.

PHYSICAL CHEMISTRY IN THE SERVICE OF MEDICINE. Seven addresses by Dr. Wolfgang Pauli, translated by Dr. Martin H. Fisher, Professor of Pathology at the Oakland College of Medicine. (John Wiley & Sons, New York. Cloth, $1.00.) This volume, as the translator well says, represents another stone in the structure of physical chemistry in the biologic sciences. And a good solid stone it is, worthy of careful examination and study.

THE TOXINS and VENOMS and Their ANTIBODIES. By Em. Pozzi-Escot. Translated by A. I. Cohn, Phar.D. (John Wiley & Sons. New York. Cloth, $1.00.) This is a wonderfully interesting booklet, introducing us into a field little known

and but scantily explored. The subject is a fascinating one to the student of biology and the translator has rendered a distinct service in making the volume available to the English reading public.

INTRODUCTION to MATERIA MEDICA and PHARMACOLOGY, including the elements of medical pharmacy, prescription writing, medical Latin, toxicology and methods of local treatment. By OLIVER T. OSBORNE, M.A., M.D., Professor of Material Medica, Therapeutics and Clinical Medicine in Yale University. 166 pages. Cloth $1.00. Lea Brothers & Co., Philadelphia. Beginners will find this a useful booklet. The title sufficiently indicates its scope, but we wish to call special attention to the chapter on local or topical treatment, which subject is generally neglected in the elementary text books.

SIMPLIFIED COURSE OF INSTRUCTION IN REFRACTION. By R. S. PIPER, M.D., Bloomington, Ill. In ten lessons, with questions for self examination. Price $5.00. This is intended somewhat as a correspondence course on the fitting of glasses. The educated physician will have no use for these lessons, but they may prove of value to the backwoods doctor, whose education has been neglected.

THE EAR AND ITS DISEASES. A Text-Book for Students and Physicians. By SETH SCOTT BISHOP, B.S., M.D., LL.D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. 440 Pages. Extra Cloth. $4.00, net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa. One of the best, clearest and most comprehensive books on the difficult subject of ear diseases. The illustrations are clear, the language is concise and lucid.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. By C. B. BURR, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum. Third Edition. Thoroughly Revised, with Illustrations. Extra Vellum Cloth, $1.25 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia. An excellent booklet which we can heartily recommend to the general practitioner. Every physician must have some idea of mental disease, even if he does not treat the insane, and this is a very good elementary text book. It will also be found useful for attendants and nurses in training schools.

MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be rateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VIII NEW YORK, MARCH 1907 No. 3

We Use No Canned Editorials.

Naturally when one scorns canned editorials, but gives to the world his own feelings and thoughts, and frequently sits up until two or three in the morning to transfer those feelings and thoughts to paper; when one uses up plenty of red corpuscle and gray matter in the getting out of his journal, he is anxious to have as large an audience as possible. The Editor of the Critic and Guide is anxious to have you on his subscription list. The Critic and Guide is not the best or biggest journal published, but we believe that as a thought-stimulator it is unique in medical journalism. It is certainly different from any other journal published and we believe it is well worth its subscription price.

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As you advance in years the passions cool, you become indifferent to many things, the words "it doesn't matter" come more and more frequently to your mind and lips, and you look at the world more coolly, more calmly, more philosophically. We have changed in many respects—in one respect, however, our sentiments have remained the same or have become stronger: We hate just as deeply, just as relentlessly as we did in our early youth, anything that savors of bureaucracy, of autocracy, of despotism. And it matters not whether the bureaucracy manifests itself in politics, in medicine, in theology, in civic organization.

* * *

What would you think of a surgeon who would declare that he only used the instruments that were in use twenty or thirty years ago, or who would refuse to employ in his operations any surgical instrument that was patented? That's what *I* think of the doctor who is satisfied with the drugs and preparations of which he learned in his college days and who refuses to use *any* patented or proprietary remedy.

And shame on those who by their over-zealousness or interested propaganda are depriving patients of some of the most powerful therapeutic weapons at our command.

* * *

The employment of drugs in medical practice should resemble the resort to surgery. The guiding principle should be: "No drugs and no surgery, unless necessary; when necessary, effective drugs and effective surgery."—ROBERTS.

* * *

Men who are well traduced and hotly denounced are usually pretty good quality. No better encomium is needed than the detraction of some people. And men who are well hated also have friends who love them well—thus does the law of compensation ever live.

Our New Orleans Paper and the Council on Pharmacy and Chemistry.

We reprint in this issue the principal part of our paper, read at the New Orleans meeting of the American Medical Association. We do this for two reasons. First, the paper in itself was epochmaking; it was the first paper read before the American Medical Association in which the nostrum question was presented squarely and unequivocally, so that it could no longer be disregarded. It was the first paper of such a character read before the Association and it was considered so radical that there was quite a hitch before Dr. Simmons agreed to print it in the Journal.*

And when it was finally printed it had undergone several eliminations. And second, if you will read carefully the closing paragraph you will see that there has been no change in our attitude, that even at that time we earnestly begged for intelligent discrimination. We said distinctly: "Our first duty is to our patients. If a patented preparation will do our patients more good than an official one, let us prescribe it by all means regardless of the fact that the manufacturers are making a good profit out of it. I am simply pleading for discrimination."

It is to be sincerely regretted that the movement for which we worked so ardently is being side-tracked, that the Council has assumed an untenable attitude, that it has failed to pass some excellent preparations for puerile reasons, while approving some rank imitations, and that it has consequently excited a just antagonism in some of our very best and highest-class firms. We feared this result as soon as we saw that the Council did not consist of *practising physicians,* familiar with the doctor's every-day needs, but of chemists and druggists who have a hatred towards any proprietary remedy, who judge a preparation from the theoretical, *doctrinaire* viewpoint and who are really out of touch with, not to say antagonistic to, the average medical practitioner.

The Council has made some grave errors, some of the conclusions of its sub-committees seem even to have inspired by bias and a kind of vindictiveness, but—we are optimists and we be-

* Here is the opening paragraph of Dr. Simmons's letter:

Dear Dr. Robinson:—Your paper entitled "The Composition of Some So-called Synthetics and Ethical Nostrums," read before the Section on Materia Medica, Pharmacy and Therapeutics, was sent in by the Secretary of the Section a couple of weeks ago. He went through this paper and modified it in some respects, striking out certain preparations and names. I have read the paper through two or three times, ***and if anyone but you had written it*** I should have returned it immediately, in spite of the fact that it is approved for publication by the full committee, although Dr. N. S. Davis, Jr., approved it, as he told me, without giving any thought to it. I have been hesitating as to what to do in the matter, and have not yet decided.

lieve that everything will come out all right in the end. But in order that things *may* come out right in the end, the honest, competent and fearless men in the profession must not remain silent.

* * *

We consider it not only our inalienable right, but our sacred duty to criticize mistakes, to expose errors, to call atention to inconsistencies.And we give every subscriber the same right to criticize our mistakes, to expose our errors, to call attention to our inconsistencies. The CRITIC AND GUIDE is a free platform. Mount it and speak!

Hyoscine versus Scopolamine.

The controversy that has recently arisen as to the identity or non-identity of scopolamine and hyoscine, as to the relative safety of the hyoscine-morphine-cactin anesthesia, and as to the power of hyoscine to act as a hypnotic-anesthetic is full of important and interesting points. The controversy per se has no interest for me, except an academic one; but it is extremely important for the lessons it conveys. It shows, as nothing else of recent occurrence does, the dogmatic tone of officialdom, the intolerant attitude of the *soi-disant* authorities. And it shows how false the *ipse dixits* of so-called authorities are, how dangerous it is to follow them blindly without examination or critical analysis.

Let us take up the question of the identity of the two alkaloids first. Has it really been decided unanimously and beyond the possibility of doubt or question, as Dr. Wood, Jr., would have us believe, that hyoscine and scopolamine are absolutely identical in every respect and may be used interchangeably? *Not by any means.* If you will read carefully, you will agree with me that the question is at least still an open one.

First...Here is what one pharmacologist says on the subject. Prof. J. V. Shoemaker makes the following unequivocal statement (N. Y. Med. Jour. Oct. 7, '05):

"It may be of importance just in this connection to note, as pointed out by Hesse, that commercial scopolamine hydrobromide contains an admixture of a small proportion of another powerful mydriatic alkaloid known as 'atroscine,' which is isomeric with hyoscine or scopolamine. Atroscine apparently bears a similar relation to the latter as regards mutual controvertibility that hyoscyamine does to atropine. Some pharmaceutical authorities indeed allege that *scopolamine hydrobromide should be erased from the German and United States Pharmacopeias* on the ground that it is merely a mixture of hyoscine hydrobromide and atroscine hydrobromide, and not itself a definite chemical compound. I call attention to this interesting point merely to note the fact that commercial scopolamine hydrobromide may differ in its physiological action, owing to the variable quantity of atroscine present; this may also offer an explanation of *any difference that may be observed between the action of scopolamine and hyoscine hydrobromide.*"

Of course Dr. Shoemaker may be mistaken, but at any rate his statement shows that not all pharmacologists agree on the subject.

Second. The Pharmacopeial Revision Committee seem to have felt that the question of the identity of the two alkaloids has not yet been finally settled, for they retained the two alkaloids under two separate headings.Had they felt that scopolamine and hyoscine were *absolutely* identical, in other words that the two words were synonymous, they certainly would not have listed them under separate headings. Eserine, which is merely a synonym of pilocarpine, is not listed under a separate heading, but is only mentioned in the index as a synonym. The same is true of all other synonyms. It is clearly apparent, therefore, that the Committee of Revision was not yet ready to accept scopolamine merely as a synonym of hyoscine.

Third. But here is a *still more important point.* Merck of Darmstadt and Merck & Co., of New York, the largest (if not the only) manufacturers of hyoscine and scopolamine in the world, list those two alkaloids under separate headings, and what is more, SELL THEM AT WIDELY DIFFERENT PRICES. They list scopolamine hydrobromide in 5 grain vials at 21 cents a grain, while for hyoscine hydrobromide in 5 grain vials they charge $2.00 or 40 cents a grain (and in single grain vials they charge 60 cents a grain). Now what does it mean? It means only one of two things and it can mean nothing else. If scopolamine and hyoscine are *absolutely* identical, then Merck & Co. are simply cheats and frauds. It is certainly deliberate cheating to take the *identical* substance, put it in two bottles, label one bottle scopolamine and sell it at 20 cents a grain, and the other hyoscine and sell it at 60 cents a grain. Would any firm, with any sense of honor, be guilty of such a disreputable practice? And if not, there is only the other horn of the dilemma left. That hyoscine and scopolamine are different articles; not necessarily different chemically, but different in their purity; infinitely greater care is taken in the preparation of hyoscine, which is freed from the numerous impurities with which scopolamine is contaminated.

And here I will permit myself a slight digression to state that Dr. Wood has no right whatever to express any opinion on any chemical question. Dr. Wood is not only not a chemist, but he has no knowledge of chemistry whatever, not even of its most elementary principles. I regret to have to say it, but it is so, and we can prove it, as the danderine people say. In the first issue of the short lived *Therapeutic Review,* owned by the now defunct or moribund Organic Chemical Company and edited by Dr. H. C. Wood, Jr. (Dr. Wood wasn't then as ethical as he claims to be now and he accepted very questionable ads.; I

should not like to confront him with them now), the latter, i. e., H. C. Wood, Jr., had an article on the Treatment of Subacute Gastritis. In that article (page 6), there occurs the following passage:

"A prescription which has given very good results when there is much irritation is:—

Bismuth subnitr .....3i (4 gm.)
Sodii Bicarb .....3iii (12 gm.)
Acid Carbolic .....gr. xv (1 gm.)
Spirit Menth Pip..... m xx (1.3 gm.)
Mucilag Acaciæ..... q.s. ad f3ii (60 c. c)
M. Et. ft. Emulsio.
S. Teaspoonful before each meal.

Of course, in this prescription there will be chemical action between the soda and the carbolic acid, the formation of sodium carbolate and the liberation of free carbonic acid with effervescence. The amount of alkali in the prescription, however, is more than sufficient to completely neutralize the carbolic acid and obtain the characteristic action of the soda."

I blushed when I read the above. Such, I meditated, are our teachers and would-be leaders! And if this is their knowledge of chemistry, which is an *exact* science, what can be their knowledge of the inexact sciences, such as physiology, biology, therapeutics, etc? Pity their pupils and their patients! But to return to Dr. Wood's prescription. It is seldom that so many mistakes are condensed in so little space.

"Of course," says Dr. Wood, Jr., "in this prescription (1) there will be a chemical action between the soda and the carbolic acid (2) the formation of sodium carbolate (3) and the liberation of free carbonic acid (4) with effervescence." Four amazing misstatements in the above short sentence, which I marked 1, 2, 3 and 4. 1. There will be no chemical action whatever between the soda and the carbolic acid. 2. There will be no sodium carbolate formed. 3. There will be no liberation of carbonic acid whatever and 4, there will be no effervescence whatever. It shows how dangerous a little knowledge is. Dr. Wood had a general idea that acids decompose carbonates and bicarbonates with the liberation of carbonic acid; but he very evidently was not aware of the elementary fact known to every tyro chemical student that carbolic acid is chemically not an acid, but a phenol, and it does not decompose any salts, and does not unite with alkalies to form salts under ordinary conditions. And on such a flimsy foundation an entire structure is built. And so misinformation is spread broadcast. But enough of that. The digression may have been a little too long, but it was necessary in order to prove beyond the possibility of a dissenting voice that Dr. Wood, Jr., knows nothing about chemistry, and therefore is not entitled to any voice in any chemical disputes.

Having shown that the question of the identity of hyoscine and scopolamine is anything but settled, and that, at any rate, hyo-

scine is a much more refined, purer and more expensive product, and having also incidentally shown that Dr. Wood has no right whatever to express any opinion on any chemical subject, we come to the question of the safety of the Abbott-Lanphear anasthesia. Personally I can pronounce no opinion, I having used it in too few cases to be entitled to an opinion. But this I will say emphatically: Dr. Wood's statistics are perfectly worthless as data by which to judge the Abbott-Lanphear method. Dr. Wood's statistics are based on the foreign results obtained with scopolamine and morphine, while the Abbott tablet consists of chemically pure hyoscine and morphine combined with the cardiac tonic principles of cactus grandiflorus cactin. A very slight change in formula may give us entirely different results. It is unfair, it is not honest to attempt to apply the results obtained with one preparation to those of a different preparation.

And now we come to the question of the anesthetic-analgesic power of hyoscine. Here Dr. Wood put his foot in it for fair. How to explain his statement on any other grounds but those of bias, misrepresentation or plain ignorance, I do not know.

The question of the relative safety of hyoscine-morphine anesthesia is a legitimate subject of discussion, but how one can make the statement that "hyoscine has practically no power as an analgesic," that "the addition of hyoscine to the morphine cannot greatly increase the insensibility to the pain" is absolutely beyond my comprehension. It is beyond my comprehension how a scientific man can attempt to deny an easily demonstrable fact. Thousands of the most serious capital operations—amputations of limbs, laparotomies, appendectomies, nephrectomies, ovariotomies, tumor removals, etc., etc., have been and are being preformed under the Abbott-Lanphear method, and here comes a theoretical pharmacologist and wants to make us believe that black is white and that hyoscine is not hypnotic-anesthetic. How is it that the patients operated upon feel no pain during the operation? Were they hypnotized? Or were they all under the influence of Christian Science? If Dr. Wood, Jr., believes, as he tries to convey the impression of doing, that all the anesthesia is due to the morphine, then he is beyond criticism. Let him try to saw off a leg or perform a prostatectomy or a hysterectomy under morphine alone. He will then quickly become a strong believer in the hypnotic-anesthetic power of pure hyoscine; and he may also begin to believe in the efficacy and superiority of the hyoscine-morphine-cactin combination.

I believe I have shown satisfactorily that the attitude of some would-be pharmacologic leaders towards the hyoscine-morphine anesthesia has been extremely narrow and even biased. They have not shown that breadth of mind, that desire for truth, that eagerness for impartial investigation, which we expect to find in all true scientific workers. Which simply corroborates what I

have been trying to inculcate these many years: The necessity for every physician to do his own thinking, his own analyzing and the danger of accepting other people's dicta without critical examination.

Above all, it is well to remember that the crucial test of everything is experience and it is results that count. The finest-spun theory must give way and doff its hat to the humblest fact.

* * *

Oh, for a dozen editors who would dare to write just the way they felt, without counting the cost! The cost in possible loss of subscribers, advertising, favor with the powers that be, professional standing, etc., etc. How refreshing, how healthful that would be! But vain is the hope.

A Point Frequently Overlooked in the Treatment of Syphilis.

Of course mercury and iodine are our anchors in the treatment of syphilis. And as a rule the disease is quite amenable to those two drugs in various forms and combinations. In fact the only bright spot in the dark picture of syphilis is that, in the vast majority of cases, it is so readily influenced by treatment. But as there is seldom any good without its attendant evil, so this very beneficent power of mercury and iodine is frequently the cause of a very great evil. It cannot be denied that in the majority of cases the general practitioner and even the specialist thinks he has done his entire duty by his luetic patient if he prescribed for him mercury and iodine in some form, or if he gave him an intramuscular injection of some mercurial. It is unfortunately but too frequently forgotten that while the specific treatment of syphilis is all important, the tonic and eliminant is just as much so, and after the patient has been saturated with mercury, much more so. It is true we do not any more poison our patients with the enormous doses of mercury that we were in the habit of giving a hundred years ago, but we still frequently give too much, and indiscriminately. Quite frequently we see patients whose doctors write to us that they have been giving large and increasing doses of mercury, but that the patients have been getting steadily worse. An examination usually shows that the patient was getting too much—that is, too much for him (for what is too much for A may be too little for B). We stop the mercury and iodides, order some tonic, eliminative and mildly diaphoretic treatment, and lo! In one week the change is often marvelous. A patient has just left our office who some three weeks ago was told by his physician that he didn't think he could do any more for him and that he strongly advised him to go to Hot Springs. That patient's urine showed traces of albumen, pointing to renal irritation, and indicating clearly that he was being poisoned and not benefited by the mercury. The use

of a little common sense brought about such an improvement that the patient does not think of Hot Springs at present.

There is no question that we are treating our syphilitic patients much better than we were a century or half a century ago; but there is still too much routine and too little individualization used. And I am sure of it in my mind as I am sure of anything in this world, that many syphilitics are permanently ruined or driven to premature graves by the indiscriminate, routine use of mercury, by the lack of individualization, by the failure to fortify the specific with tonic and eliminant treatment.

* * *

SENSUS COMMUNIS (English: Common sense) is not official in the Pharmacopeia or National Formulary. Nor has it been "passed" so far by the Council on Pharmacy and Chemistry. Query: Is it ethical to use it in treating our patients?

Gods of Mud: Our Duty.

In a late number of *Collier's,* the Rev. Frank Crane, a Methodist minister, but one of the "unfenced-and-unmuzzled," rejoices that in these days there are men who "dare to knock to pieces the great American mud-god—"Success." Thanks to the muck-raker we know now that this thing falsely labeled "success," at least that brand of it typified in the Rockefellers, Depews, McCurdy's and Rogerses, is a creature of deception, fraud, lawlessness, corruption and special, money-bought privilege—a filthy, despicable mass which has been and still is poisoning our whole national life.

But this thing isn't success. It is a changeling which our money-mad fancy has thrust into the cradle of the nobler-born offspring of Character and Truth. Real success is something ennobling, inspiring, energizing; something that has within it an appeal to the best that's in every man; something worth fighting for, and a fight to the finish if it must be so. Success is not merely the acquisition of wealth, regardless of how the wealth is obtained; nor of reputation—bought at any price; nor of honors—which smell of corruption or dishonesty. These things are not Success—they are Pretense. And *this* is the greatest and the dirtiest of our mud gods.

Medicine is still full of Pretense, and we, some of us bow down and worship—thinking it Success. The worst evil among us is not ignorance—but ignorance masquerading as wisdom and posing as authority. The mask must be torn from its face. We have commenced and we shall continue, no matter where the bolts may fall.

We need men as leaders (genuine Iconoclasts) who are not mere figureheads elevated to positions of authority by chance, because of the possession of a pleasing personality, or the acci-

dent of birth. Thank Heavens! we have some of these strong men among us already, some discovered and some as yet unknown, but we should have more, and they should assert their right to positions of leadership.

There is work to do and it must be done. Our duty is clear! We must hammer at this mud-god Pretense until it crumbles into dust. We must hammer at Ignorance posing as Wisdom; at "Ethics" which is only Self-interest, or, worse, Hypocrisy; at Intolerance which seeks to stifle Original Thought. We must hammer at the whole series of falsehoods, negations and weaknesses. If the CRITIC AND GUIDE can stimulate the real liberty-loving Independents among us (for there are many) to the point of self-assertion, to the point of thinking for themselves, and themselves grappling with these problems, its work will be a thousand times worth while.

To-day there is a growing passion for Truth. We in the medical profession should cultivate it; and we should remember that the nobler virtues are developed not by concentrating our lives upon self-interest, but by being useful broadly, blessedly useful to the great whole.

Mandragorine Killed at Last!

Le roi est mort! Vive le roi! Mandragorine is dead; long live—hyos-sco-phine!

We knew it would come. We wrote in the December issue that the most infamous frauds in the United States did not take kindly to criticisms, that they would retaliate by sending out scurillous circulars, etc. They have done it. A screed has gone the rounds of the medical journals and we have received about a dozen of them from our friends. But what a tame affair it is in comparison with their former efforts! They had to swallow all the insult, for they knew *we were right.* They had to admit that they used no mandragora and no mandragorine. And those two names will no longer appear in their "literature" or on their preparations. And so mandragorine is dead and buried. Another bubble burst, another fraud exposed and annihilated.

"Since it it the expressed desire of the medical profession," say Messrs. James, "that manufacturers adopt descriptive titles in naming their preparations, we have recently adopted hyos-scophine as a name for our tablets, and will advertise them under that name in the future." No, Messrs. James, that is not the reason. The reason you have dropped the name mandragorine is because the CRITIC AND GUIDE has shown that you were defrauding the profession in claiming that you were using mandragorine, because it boldly charged you with lying, when you stated you were using "synthetic" mandragorine (of which you could not make a millionth of a grain to save your lives) and because the Pure

Food and Drugs Act has in store severe punishment for fraudulent claims, for misbranding. Hence you have adopted the name hyos-sco-phine, to show that your mixture consists of hyoscyamine, scopolamine and morphine.

Messrs. James sent out a fac simile reproduction of some of their "testimonials." The character of their testimonials can be judged from that of one "Dr." Clark, a dope fiend who asks them that in publishing his testimonial they should "correct all his mistakes and imperfections." By the way, why didn't the James Alkaloidal Company reproduce the testimonials of Mc A. D. Campdell, M. D., J. H. Moonen, M. D., M. M. Burge, M. D., W. F. Betts, M. D., O. Evarts, M. D., etc? Is it really because these people and their testimonials are merely figments of the James brain?

I haven't the time just now, nor can I spare any more space in this issue for the James crowd. But the CRITIC AND GUIDE still lives, and we expect to take them up again.

Things are Coming Our Way.

If we were not of a naturally modest disposition we would be apt to get a swelled head: things are so coming our way. Even the most unreasonable of zealots are beginning to see things in the proper light. We have always maintained that if a manufacturer prints his formula once or several times and is willling to give it to any physician on request, that that was sufficient. To demand that the formula appear with each and every advertisement, each and every time, was asinine and idiotic. Jones didn't agree with me. But in the January issue of his medical journal several preparations, glyco-thymoline, for instance, appear without the formulæ. The same is true of the J. A. M. A. And just wait a while and you will see that only the qualitative and quantitative composition of the *principal* and particularly toxic ingredients will be demanded. And wait a bit longer and you will see that the entire medical profession including the Council, will agree with us that the demand of the knowledge in all details of the *exact* mode of manufacture is an unnecessary and unwarranted piece of impudence. And the dream of our friend Hallberg that each preparation be christened with a Kauderwelsh-Latin pharmocopeial name will go where last Summer's beautiful silver clouds went.

* * *

We believe that we are within the bounds of strict truthfulness when we assert that the Critic and Guide is the only journal of its kind. And being the only one of its kind it does not attempt to compete with its contemporaries. It wishes them all success—there is probably room for all of them—but no matter to how many other journals you may subscribe, none of them can replace the Critic and Guide.

The Theoretical Pharmacologist vs. the Practical Therapeutist

The theoretical pharmacologist has been telling us that intestinal antisepsis is a snare and delusion because we could not kill all the germs in the intestinal canal without killing the patient; the practical therapeutist tells us that it is not necessary to kill every soldier in order to win a battle, and *demonstrates* the inestimable value of intestinal antisepsis in numerous diseases in every-day practice.

The theoretical pharmacologist has been telling us that the sulphocarbolates were of little value because their bactericidal power in vitro was slight; but the practical therapeutist has been using them with splendid results and their employment was becoming so universal that the Pharmacopeia had to admit them into its pages and make them official.

The theorist tells us that santalwood oil and the other balsams are useless in the treatment of gonorrhea because they are powerless to kill the gonococci in vitro; the practical genito-urinary specialist or even general practitioner *knows* the *unquestionable* value of the balsams in allaying inflammation, diminishing purulent secretion and shortening the entire duration of the disease.

The theoretical pharmacologist tells us that atropine is dangerous in any kind of hemorrhage becauses it raises the blood pressure; the practical physician uses small doses of atropine in pulmonary hemorrhage with the happiest results.

The theoretical pharmacologist tells us that veratrine has no therapeutic value because it is a mixture of alkaloids from the seeds of Asagrea officinalis which has no botanical relationship with veratrum (either viride or album); the practical therapeutist says that it matters not what the botanical origin is of veratrine, it is one of our best remedies in fevers, congestions, etc., and he proves it.

The theoretical pharmacologist tells us that hyoscine has no analgesic effect and consequently is not suitable as an anesthetic for major operations; the practical surgeon smiles, injects a hyoscine-morphine tablet and proceeds to amputate limbs, perform laparotomies, etc.

And so I could go on multiplying examples indefinitely. Tho once an enthusiastic laboratory worker and champion myself, I am each year becoming more and more convinced of the secondary importance of laboratory and animal research as applied to practical bedside therapeutics. In fact I am beginning seriously to question myself if the harm done to therapeutics by animal experimentation does not far outweigh the good. To the young and cock-sure laboratory "investigator" this may sound like fearful heresy, but the earnest, warm-hearted physician who is interested in one thing only—the health and life of *his patient—may* see in it a sad, melancholy truth.

The Proper Study of Man is Man.

And, *à propos* of and as a supplement to the above editorial, permit me to reproduce an editor's note which I wrote some five years ago. As will be seen I was nursing those heretical notions even then (Merck's Archives, November, 1902). The note reads: Consistently and persistently we have been teaching in the columns of the Archives that the proper study of man is man. Laboratory research and experiments on animals, while useful, are of secondary importance, and unfortunately *are not infrequently misleading*. It is pleasant to see that these ideas are gradually beginning to be shared by scientific men of prominence, who formerly held different views. Some very striking passages expressing these views are contained in an article by Sir William Mitchell Banks, M. D., F. R. C. S., L. L. D., surgeon to the Liverpool Royal Infirmary. The article deals with the subject of anesthetics, and the addition to the knowledge of anesthesia which has been gained by experiments on animals.

Dr. Banks says:

No one for a moment will consider me as holding in contempt either experiments or commissions as such, and what I say I say with regret, but my firm conviction is that neither of them has hitherto been of the least avail in aiding us in our search for the best anesthetic or for the best method of using it. There is no possible comparison between a healthy dog or cat or any other animal, and a diseased human being. *They are not in the least under the same conditions, and experiments upon them are therefore useless.* Take on one side a healthy retriever with its heart and arteries all sound, and without knowledge of what is going to happen to it, consequently without the least fear or anxiety. Take, on the other hand, a middle-aged, somewhat corpulent woman with flabby heart and somewhat inelastic arteries. Suppose her to be the victim of some cancerous disease, the knowledge of which has worn her out with anxiety and distress, and then let her pass a sleepless night before the operation, going over and over in imagination all the terrible process and making sure that she will die under the anesthetic. Or take your drunken, whiskey-sodden dock-laborer, with tissues so steeped in drink that one is almost tempted to believe in the possibility of spontaneous combustion, with cirrhotic liver, fatty heart, and albuminous urine. I cannot see any parallel whatever between the healthy canine animal and the diseased human animal, *nor can I see how experiment upon the former will help us with the case of the latter.* It is impossible.

* * *

We are opposed to partisanship, clannishness or cliquism. The world is our country, to do good is our religion.

The Prevention of Conception Problem— Its Importance.

This important question—the question of prevention of conception—will receive the greatest attention in the pages of Critic and Guide.

I consider it the most important problem affecting the welfare of humanity *because I know—*

Because I know of thousands of families who would be perfectly happy if they only knew the proper method of regulating the number of their offspring.

Because I know of thousands of young men who would be glad and happy to get married, but are restrained from doing so by the fear of too many children.

Because I know of thousands of young men, who restrained from marrying by the fear of too many children, have, in consequence, contracted venereal disease or have become addicted to dangerous sexual irregularities.

Because I know of thousands of women who have become chronically invalided by too frequent childbearing and lactation.

Because I know of thousands of women who have become incurable invalids by improper attempts at prevention.

Because I know of thousands of men who are pitiable sexual neurasthenics from *coitus interruptus,* which they practice thru ignorance of better methods of prevention.

Because I know of thousands of women who have actually killed themselves, have been driven into early graves by abortions or attempts at abortion.

Because I know of thousands of children whose education has been neglected, who have been improperly brought up on account of the mother's inability to attend to too many.

Because I know of thousands of children who, borne by their mothers unwillingly, in anguish and in anger, were born mentally and physically below par only to be a burden to themselves and to others.

Because I know of thousands of children, born of epileptic, syphilitic or tuberculous parents, who should not have been born at all, because they came into life handicapped, had to fight against severe odds, lived a poor life and died an early death.

Because I know of many other things which cannot well be spoken of, but which cause boundless misery to men, women and children; and this unnecessary misery will disappear only when the people have learned the proper method of regulating the number of their offspring.

Human beings are not animals and they should have a right to say how many children they will have, how frequently they will have them and when they will have them.

There is no single measure that would so positively, so immediately contribute towards the happiness and progress of the *human* race as teaching the people the proper means of preven-

tion of conception. This has been my sincerest and deepest conviction since I have learned to think rationally. It is the conviction of thousands of others, but they are too cowardly to express it in public.

An Every Day Example and a Query.

The Charity Organization Society appeals for $250 to provide a weekly pension for one year for a family consisting of husband, wife, and six children, the oldest 14 years and the youngest 9 months old. The man is a machine operator not strong, who never earns more than $6 a week. His wife is ill with rheumatism and can hardly care for her children. Until last October the three oldest children had been working illegally, but two of them were then put in school, and later the oldest girl, who had been working since she was 9, was also returned to school. That they may go regularly to school a small weekly pension must be provided.

As I sip my cocoa, the above notice on the last page of this morning's New York Times (February 18) strikes my eye. Now, good people and true, tell me honestly: Would it not have been better all around—better for the father, better for the mother, better for the children, better for *society*, if the parents had known some reliable means of limiting their offspring? I ask this question in deepest earnestness and I should like to hear particularly from those who do not believe that it would be right to put the means of conception-prevention in the people's hands.

The Heretic.

When a man refuses to be curbed and restrained by prevalent opinion, he is dubbed a heretic or worse; but remember that *he is apt to have something to say that is worth hearing, something that prevailing-opinion doesn't want told.*

The heretic of to-day is the accepted teacher of to-morrow. Orthodoxy, commonly accepted knowledge, only speaks of what the world already knows.

The Official Journal: Our Fears are Being Realized.

In my paper read at the Boston meeting of the American Medical Editors' Association (see Proceedings, page 22), in enumerating the weak points of an official journal, I made the following statement: "I believe that the official journal is not calculated to furnish favorable soil for the growth and development of independent medical opinion, of independent and iconoclastic thought. The organ, as a rule presenting the opinions of a clique or a dominant few, or of the mediocre majority—the majority is always medicore and common-place, tho occasionally it may be enthused into doing a rational thing—those who for some reason or other are opposed to the powers that be, are not likely to get their contributions accepted, they are not likely to have their opinions given the same wide

publicity that is enjoyed by the favorites. In short, the official journal is apt to form a kind of bureaucracy, and we all know how dissenters and revolutionists are treated by a bureaucracy."

Alas! That statement written at the time as an abstract proposition, has become a sad reality. Stated merely as a possibility, it is now an actuality. If you have something to criticize in the management of the Journal of the American Medical Association, or if you disagree even on scientific points, try to get a contribution accepted. Numerous obstacles will be put in your way, and if the contribution be finally admitted, it will be admitted grudgingly, or a note will be appended, calculated to diminish or nullify the force of your arguments.

These have always been the methods of bureaucracy: Not to permit your opponents to make themselves heard.

* * *

In subscribing for the Critic and Guide you will receive twelve times a year a bright, full of life, broad and open-minded visitor whose chats will, we trust, both entertain and instruct you. We do not promise you that you will agree with all your visitor will have to say. Oh, no! For your visitor has some rather advanced notions on some subjects. But it won't hurt you to hear them. If you think we are wrong our pages are always open to you for the presentation of your views.

Advertisements in the J. A. M. A. Critic and Guide, etc.

Every now and then we are made happy with a letter from a subscriber which contains a query running about as follows: How is it that Antithermoline which we criticized is advertised in the J. A. M. A. while Antiphlogistine which is carried by the Critic and Guide is not found in the advertising pages of the Association Journal? Now, first of all, let it be distinctly understood that the Critic and Guide and the J. A. M. A. are two entirely distinct publications. We are quite capable, without any outside help, of deciding from every point of view—chemical, pharmaceutical, therapeutic and ethical—whether a preparation is suitable and worthy of admittance into the pages of the Critic and Guide or not. We repeat, we have made a life-long study of the subject, and nobody can give us instruction or dictate to us on that point. *The Journal of the American Medical Association carries even now advertisements which we would not admit into the pages of the Critic and Guide.* So, there you are. And second, I am going to take this antiphlogistine-antithermoline matter up as a text for a preachment, which we trust will open the eyes of all those who are *willing* to see. We do not hope to open the eyes of those congenitally or wilfully blind. We hope to be able to show that the attitude of the Council is in many respects an untenable one, that it has made many tactical blunders, thus unnecessarily antagonizing some of our highest *class manufacturers*, and that it offers—unwittingly, we admit—

a premium on substitution and encouragement to pirates. I wrote to Dr. Simmons some time ago on this very subject, and my opinions pertaining thereto are no secret to him. And, so, then, here is my argument:

The clay pastes are either worthless or they are valuable. If it can be shown that they are worthless, then we should, of course, have nothing to do with them. We should neither prescribe them nor admit them into our advertising pages. If, however, they are valuable—and that they do possess considerable value, is shown by their enormous, constantly growing use, and by Pasta Kaolini having been made official in the Pharmacopeia—then every consideration of honesty, decency and fair play demands that antiphlogistine be given preference in every respect. Why?

First. Because antiphlogistine was the pioneer product of its kind. The antiphlogistine people introduced the product to the medical profession. And I have always held, and will so hold to my dying day, that the inventor or popularizer of a product should, as far as possible, reap the benefit of his labor. Again I say, if an idea or a product is of no value, then we should have nothing to do with them under any circumstances; if, however, they are, then the pioneers, and not the imitators and substitutors, should reap the glory and the financial returns. This is nothing but ordinary common honesty. Imagine, brother, that after years of hard labor you succeeded in giving to the world a good book and another man came along, filched your entire work, changing, perhaps, a line here and there—for the worse—and published it as his own, depriving you of a good part, or of the entire amount of income that you would have derived from the sale of your book. Would you like it? Would you consider it fair?

Second—and this point is as important as the first, if not more so—because antiphlogistine is still incomparably the best clay paste in the market. If you doubt, get half a dozen of the imitations, compare them with antiphlogistine as regards plasticity, uniformity, unchangeability, non-separation of the glycerin, etc. Compare these points and judge for yourself. I know what your decision would be. We have personally seen imitations which ran like molasses, and we have seen others which were as hard as plaster of Paris. And nevertheless one of the inferior imitations has been passed by the Council, while antiphlogistine has not been. And why, pray? Because the Antiphlogistine manufacturers have, after many years of experimentation, discovered a peculiar, and, to them valuable, method of mixing their ingredients, and they will not disclose that method to the Council. Why should they? The demand is an impertinence. The physician does not care to know the exact process of manufacture of any remedy. The composition, yes;

but to know the order in which the ingredients are mixed, the temperature, pressure, etc., this is nobody's business and nobody cares.

But note the peculiar state of affairs, as exemplified by the Antiphlogistine-Antithermoline matter: A manufacturer may discover a new medicinal product or introduce a valuable medicinal combination. By much and, perhaps, expensive, experimentation—or by pure chance—he discovers a peculiar method of making his product. For various reasons—either because he thinks it is nobody's business or because he fears *the disclosure of his secret may be betrayed to rival firms,* he refuses to disclose his exact process of manufacture. Lo, his preparation is refused recognition. Along comes an imitator, he filches the originator's formula, and with more or less success he imitates his product. Having nothing that is worth anything to conceal he discloses his "process of manufacture." And the Council approves it.

And so we have the intolerable state of affairs of the original valuable product being barred, and of the inferior stolen imitation being admitted. Is that fair? Is that right?

No, I cannot believe that our readers will approve such tactless tactics.

Again, take mercauro and arsenauro. These are products of well-known composition, thoroly well established therapeutically, have no advertising matter around the bottle, have been kept away from the laity with the most pains-taking scrupulousness—in short, correspond in every respect to the demands that we would make of a strictly ethical preparation. And still they have not been passed by the Council. Why? Some say merely because the manufacturer would not dislcose the exact process of manufacture; others say the reason is to be found in a personal grudge of one of the members of the Council against the manufacturer of the product. Whatever the cause, it is not an edifying spectacle, and is apt to sow doubt in the physician's mind as to the good judgment and infallibility of the Council. I could mention quite a few other examples. But these will suffice for this issue.

* * *

The strenuous man is not the soldier on horseback with sabre drawn, but rather the man with folded arms who sees a new truth and utters it, regardless of consequences.

* * *

The last word has seldom been spoken. Progress is the order of the day and "push" the watch-word all along the line. The heretic has his place and is listened to by all but the hide-bound self-satisfied or the down-and-outs—practically the same thing and both bad to useless.

Original and Leading Articles

A Novel Method of Using Strychnine and Hydrastine in Sexual and Vesical Weakness *

William J. Robinson, M. D., New York.

I will not weary you with a long paper. I am of the opinion that a practical point, which one can at once utilize on his patient with undoubted benefit, is of greater importance—to practical physicians—than a long abstruse paper, dealing with guesses and hypotheses and theoretical considerations, which may or may not possess value.

There is a very large class—much larger than one would imagine—of patients who are suffering from a weakness of micturition. I deliberately use this indefinite term. I do not refer to difficulty in urinating due to stricture, to prostatic hypertrophy, etc. No; there is a weakness without any discoverable pathologic basis; simply the bladder and sphincters have lost their tone, and the urine comes out without any force; the stream is split up into several streams and at the completion of the act there is considerable dribbling, which is very annoying to the patient, especially of the better classes. As a rule, there is a small amount of residual urine in the bladder. If this condition just described is not attended to, it is apt to become aggravated, leading to cystitis with its well-known symptoms and sequelæ.

The number of people suffering with sexual disorders of one sort or another is exceedingly large, so large, indeed, that only he who makes a specialty of these cases can have any idea of their frequency. But of all sexual disorders we come in contact with, by far the most common is ejaculatio præcox. It is more common than all other sexual disorders combined. To one case of impotentia coeundi or generandi, or absence of libido sexualis we have 30 or 40 cases of ejaculatio præcox. And it is as common in young men of 18 as in strong men in their prime at 35, or in elderly men at 50 or over. Into the causes of ejaculatio præcox I will not go in detail. I merely mention that those causes are numerous, the chief four being excessive masturbation, excessive sexual indulgence, neurasthenia or nervous depression and chronic gonorrheal posterior urethritis, comprising in the latter term also prostatitis and vesiculitis.

OBJECTIONS TO ADMINISTRATION BY THE MOUTH.

It is universally conceded that strychnine is the remedy *par excellence* in loss of tone and functional atony of every character.

* Read in the Section on Pharmacology and Therapeutics of the American Medical Association at the Fifty-seventh Annual Session, June, 1906. Reprinted from the Journal of the American Medical Association, December, 29 1906.

That it is of benefit in vesical and in certain stages or varieties of sexual weakness nobody will deny. But the usual method of administration by the mouth is frequently open to grave objections.

The first objection is the dose of strychnine, which we must give in order to make an impression on the local condition. The administration of toxic drugs is always an evil; tho a lesser evil than the condition for which it is given, it is an evil nevertheless, and the smaller the dose with which we can accomplish our purpose the lesser the evil. Administered internally, we must give it in doses of 1/20, 1/16 and even 1/10 gr. in order to achieve results. And the drug must be given for a considerable length of time.

The second objection is that strychnine administered by the mouth acts very injuriously in a large number of cases. Many neurasthenics are very much aggravated by strychnine. I have had occasion to convince myself of this fact dozens and dozens of times. Any possibility of suggestion is excluded. I have had many patients tell me that since they took those tablets or medicine, they being ignorant of what they were taking, they felt a heat, a burning sensation along their spine and were weaker and more irritable. Pollutions are frequently very much aggravated by strychnine administered in the ordinary way. Again, in people with good normal arterial tension, it may cause splitting headaches; it may produce diarrhea and it very often increases the libido sexualis, a condition which we, in many cases, most decidedly wish to avoid. All those considerations have led me to search for different methods and avenues for the introduction of strychnine.

AUTHOR'S IMPROVED TECHNIC.

And after many theoretical considerations and practical trials I have elaborated a plan which is giving me and my patients extreme satisfaction. The plan is very simple and consists in depositing a solution of strychnine by the aid of a Guyon syringe into the urethra, either just within the vesical sphincter or anteriorly to it, into the posterior urethra. But before giving the exact technic, I will state that I found a combination of strychnine with hydrastine much more efficient than the strychnine alone. The hydrastine exerts a distinct curative action on the catarrhal or slightly congested condition of the urethral mucous membrane; its action is particularly marked when the vesical or sexual weakness is the result of chronic gonorrheal urethritis; but even when due to other causes the action is remarkably beneficial. The combination I have been using for several years is as follows:

Strychninæ sulphatis .....gr. i	06
Hydrastinæ hydrochloridi .....gr. x	6
Sol. acidi borici saturatæ.....400 drops.	

One minim of this solution represents 1/400 grain of strychnine and 1/40 grain of hydrastine.

I have the patient urinate, wash out the urethra with a boric acid solution or 1/10000 solution of oxycyanide of mercury. I fill up the Guyon syringe, attach the properly sterilized Guyon catheter, screw down the piston until a drop appears at the opening, and introduce it into the urethra to the spot where I want to deposit the solution. By turning the screw I deposit just as many drops as I wish to. Each turn of the screw corresponds to one drop. I seldom use more than 4 drops, corresponding to 1/100 grain of strychnine and 1/10 gain of hydrastine. And with this small dose, administered once or at most twice a week, I accomplish more definite positive results than with 1/20 grain of strychnine by the mouth three times a day and every day in the week. In other words, I accomplish with 1/100 to 1/50 grain strychnine given endourethrally more than with 1 to 2 grains administered by the mouth. And, besides, I have no after-effects. None of the undesirable accompaniments of strychnine which I have enumerated have ever made their appearance.

I do not wish it understood that this is the only combination I use. I sometimes combine the strychnine and hydrastine with ergotin, sometimes with adrenalin, sometimes with both. I also use other combinations and I do not give them here in detail because the object of this paper is not to present a detailed treatment of vesical and sexual weakness. My sole object is to call attention to the medicinal treatment of a class of diseases with ergotin, sometimes with adrenalin, sometimes with both. is either unsatisfactory as to results or as to undesirable by-effects.

Are there any cases in which this local instillation is inapplicable? I have not come across any. There is a small percentage of patients in whom the slightest manipulation of the urethra with the softest catheter, the instillation of a drop of water in the posterior urethra, will cause pain, spasm and even fever. In such cases a local anesthetic occasionally becomes necessary.

I do not use cocaine in the urethra, have not used it for years, since a disagreeable experience in which I had nearly lost a patient. I use some of the well-known substitutes for cocaine, my favorites being lactate of benzoyl-vinyl-diacetone-alkamin [eucaine] or the hydrochloride of benzoyl-tetramethyl-diamino-ethyl-isopropylic-olcohol [alypin].

I have also used strychnine and hydrastine in the form of rectal suppositories. The results, while not equal to those obtained by the local instillation of the alkaloids, are still very good. It is well to bear in mind, however, that the rectal dose of strychnine is, by exception, smaller than the dose by mouth. A great portion of the strychnine becomes destroyed in the gas-

trointestinal canal and only a small percentage remains unchanged to exert its physiologic effect. This is not the case when the strychnine is exhibited by the rectum, and 1/100 grain of that alkaloid by the rectal route has a better effect, and without any drawbacks, than 1/40 or even 1/30 of a grain administered by the mouth.

Hyoscine-Morphine-Cactin Compound as a Pain Reliever.

By Emory Lanphear, M.D., Ph D., LL.D., St. Louis, Mo.

Surgeon to the Women's Hospital; Formerly Professor of Surgery in the St. Louis College of Physicians and Surgeons.

Permit me to call attention to a very interesting feature connected with the tablet used in the production of the Abbott-Lanphear form of anesthesia. The formula of this is:

Chemically pure hyoscine hydrobromide gr. 1/100
Chemically pure morphine hydrobromide gr. 1/4
Cactin (from cactus grandiflorus) gr. 1/67

It is essential that the hyoscine be free from apoatropine and atroscine—because it has been shown that *commercial* "scopolamine" (chemically identical with hyoscine) is dangerous as well as ineffective when its optical rotation is less than minus 10 degrees; that is, it is not strongly laevorotatory when there is present much apoatropine; so a preparation from a reliable manufacturer only must be employed. The nearer the hyoscine is to—20° in its optical rotation the better and safer the drug.

When a reliable tablet of the advised formula is used it is of value not only as a means of producing analgesia for surgical operations but also as a substitute for the commonly used morphine-atropine combination for the relief of pain. In fact after one has employed the newer formula for mere anodyne effect he will not return to the use of the old time mixture.

The advantages of the anesthetic tablet over mere morphine and atropine are:

(1) It does not interfere so much with peristalsis;
(2) It does not dry the throat so badly;
(3) It does not cause so much nausea and headache;
(4) It increases the heart's action more effectually and for a longer time.
(5) It produces a degree of exhilaration most agreeable to the patient;
(6) It induces a more perfect freedom from pain and the sleep is more nearly like that of normal slumber.

There are some people who do not agree with my writings. To those I can only say: Do not feel discouraged; you will yet grow to them.

Prescription Incompatibles in a Nutshell

By the Editor.

Nobody will deny the importance of familiarity with prescription incompatibles. Instances are not at all rare where the efforts of a prescriber, perhaps an excellent diagnostician and therapeutist, have been frustrated by a lack of knowledge of the fundamental principles of incompatibility in medicine. He may prescribe a combination in which the active principle becomes precipitated, and therefore either altogether inactive or at least very much slower and uncertain in action; in the hope of getting a stronger antiseptic effect, he may prescribe in the same combination two antiseptics which decompose each other, and thus lose all antiseptic properties (potassium permanganate and carbolic acid); he may prescribe a combination by which a much more poisonous ingredient than the one expected would form (mercurous iodide and potassium iodide), or vice versa, by which the active ingredients would become destroyed (mercuric chloride and syrup of hypophosphites). Finally, he may prescribe a combination the putting up of which would present insuperable physical obstacles—thru liquefaction, solidification; explosion, etc.—and thus cause delay, annoyance, and aggravation to himself, the druggist, and the patients.

We thus readily acknowledge the importance of the subject. But we believe that its difficulties are exaggerated. Many a physician is withheld from prescribing "independent combinations" by the fear of making a blunder, and the nostrum manufacturers use the bugaboo of incompatibility to frighten the physician into prescribing their ready-made mixtures. This is not as it should be. No physician should refrain from writing independent prescriptions because of a fear of insuperable difficulties in the way of doing so intelligently. We believe that a few hours' application should suffice to master the fundamentals of incompatibility in medicine, and with this object in view we have formulated a few rules which should make the acquisition of the necessary knowledge quite easy. In giving the rules, we shall mention only such substances as are generally and frequently prescribed.

ALKALOIDS.—Great care is necessary in prescribing these, because most of them being potent drugs, precipitation may cause serious consequences, by an overdose of the alkaloid being poured out in one dose. Whenever feasible alkaloids should be prescribed by themselves, either in solution or in the form of granules, pills, etc. Alkaloids should not be prescribed with: Potassium hydrate, carbonate and bicarbonate; sodium hydrate, carbonate, bicarbonate and borate (also phosphate); ammonia water and ammonium carbonate; lime-water, iodides, bromides,

tannic acid (or substances containing tannin); mercuric chloride; gold chloride. Besides the foregoing, quinine is also incompatible with salicylates and acetates. The reason the alkaloids are incompatible with the above enumerated substances is because the alkaloids are precipitated by them. For instance, if we prescribe morphine sulphate and ammonia water or ammonium carbonate (or the aromatic spirit of ammonia, which contains those substances), pure alkaloidal morphine, which is but very slightly soluble, will precipitate; if we prescribe morphine sulphate and tannic acid, morphine tannate will precipitate; if we prescribe strychnine sulphate and mercuric chloride, a double salt of strychnine and mercury will precipitate, etc.

(N. B.—The alkaloids, or their salts, official in the Pharmacopæia, are: Aconitine, apomorphine, atropine, cinchonidine, cocaine, codeine, colchicine, homatropine, hydrastine, hydrastinine, hyoscine, hyoscyamine, morphine, pelletierine, physostigmine, pilocarpine, quinine, scopolamine, sparteine, strychnine; in practice, codeine may be prescribed with alkalies, because the pure alkaloid is itself quite soluble in water.)

TINCTURE OF FERRIC CHLORIDE.—The principal incompatibles of this much-prescribed tincture and of all ferric salts, are: Salicylates (formation of deep violet-blue color and precipitate of ferric salicylate); benzoates (flesh-colored precipitate of ferric benzoate); tannates (inky color and precipitate of ferric tannate); antipyrine (red color); the iodides and bromides (liberation of iodine and bromine); mucilage of acacia (gelatinous precipitate, unless well diluted); carbonates and bicarbonates (precipitation of ferric carbonate and oxide). When prescribing quinine sulphate with tincture of iron, it is not necessary to order some acid, because the tincture of iron is itself sufficiently acid to dissolve the quinine. It is also well to remember that oil of wintergreen (and oil of sweet birch) will give a deep violet color with ferric salts, because it is chemically methyl salicylate.

MERCURIAL COMPOUNDS.—Their incompatibles are: Potassium and sodium hydrate, carbonate and bicarbonate; ammonium hydroxide (ammonia water) and carbonate; lime water (precipitates as an oxide); hypophosphites (reduced to the metallic state). Besides it is necessary to emphasize the incompatiblity of mercurous iodide with potassium iodide and other iodides (the mercurous iodide decomposes into mercuric iodide and metallic mercury) and of mercuric compounds with alkaloids and borax.

SILVER NITRATE.—The only real incompatibility of silver nitrate that occurs in practice, is with sodium chloride and perhaps sodium bicarbonate. The reason physicians sometimes commit the absurdity of prescribing these substances together is because they know that the salts neutralize the caustic effects of

the silver nitrate. As to organic substances, the dictum that they are all incompatible with silver nitrate needs revision. It is true that they reduce the nitrate to the state of an oxide, but is it always the astringent effect of the nitrate that we seek when we administer argentum nitricum? Do we not frequently want the constitutional effect of the silver? When we do desire the astringent effect on the intestinal canal, silver nitrate should be administered in keratin-coated pills, and the diluent should be an indifferent substance like kaolin.

SPIRIT OF NITROUS ETHER.—The two incompatibles of practical import that the physician has to bear in mind are: Antipyrine (a green color due to the formation of a nitroso compound) and iodides (the liberation of iodine). With the salicylates a brownish color is formed, which does not amount to much, and with the fluid extracts of uva ursi and buchu there is a slight effervescence.

HYDROGEN DIOXIDE.—The incompatibles of this valuable therapeutic agent are: Potassium permanganate, carbolic acid, chlorine water, ferric chloride, iodides, ammonia water, potassium hydroxide, sodium hydroxide.

ACIDS AND SALTS.—The strong acids, as a rule, decompose the salts, but, contrary to the general impression, the incompatibility is not a very important one; very often we prescribe deliberately an acid and a salt (usually a carbonate or bicarbonate) in order to get a new salt in fresh condition. Thus we prescribe sodium bicarbonate and salicylic acid in order to get fresh sodium salicylate. Salicylates and benzoates, however, should never be prescribed with acids, because salicylic and benzoic acid are liberated, and being but very slightly soluble in water, they float about in flakes or are precipitated to the bottom of the vessel.

MISCELLANEOUS POINTS.—(1) Ichthyol is insoluble in strong alcoholic media and incompatible with, because precipitated by, strong acids and iodides. (2) Iodine should not be prescribed with water or glycerin—unless some potassium iodide is ordered at the same time. (3) Hydrochloric acid, when added directly to potassium chlorate, liberates chlorine. This is sometimes done deliberately, when the physician wants a mixture containing free chlorine. (4) Menthol, thymol, chloral and camphor liquefy when rubbed together. While they may be prescribed in a liquid preparation, they are absolutely incompatible when ordered in powders or capsules. (5) Potassium permanganate is incompatible with most organic substances, and when prescribed internally should be prescribed with kaolin as the diluent, and petrolatum or woolfat as the excipient. (6) Chlorine water should be prescribed alone, because it combines very readily with other substances.

With these few points in mind—and their acquisition certainly presents no great difficulty—the physican, we believe, will be able to make a practice of prescribing independent combinations without the fear of making blunders, serious or otherwise.

The Passing of "Maximum and Minimum Doses."

By Geo. F. Butler M.D. Chicago, Ill.

Physicians accustomed to the galenical preparations are apt, when first using the active principles in standard granule form, to ask themselves: "How much fluid extract (or tincture) does gr. 1/134 or gr. 1/67 equal?" They puzzle their heads and wonder, for instance, how much digitalin they shall give a patient, who has been taking ten drops of a good (or bad) tincture of digitalis, t. i. d., to secure the same effects?

Such men must first learn to *"think in alkaloids."* As a matter of fact there *can* be no comparison, but here, as always, the basal Dosimetric rule, "the smallest known-to-be-effective dose, repeated at short intervals to effect," applies.

The ordinary "standard" alkaloid granule is "the smallest known-to-be-effective" dose for an adult; and the modern therapeutist, dealing with positively-potent and evenly-active remedies knows that the only "minimum dose" worth considering is that quantity of a drug which produces some apparent physiologic effect upon the ordinary healthy adult. The "MAXIMUM" dose (*therapeutic*) is that quantity of a remedy which produces the *desired effect*—whether it be gr. 1/67 or gr. 1, matters not an iota!

There is, of course, a TOXIC dose of most drugs, but the rational therapeutist never (or very rarely) exhibits a remedy until signs of drug excess are apparent. If the frequently repeated dose of an active principle does not produce remedial results before signs of its toxic action are apparent, he knows that he has failed to give "the right remedy at the right time," or equally important, has been medicating a patient with non-absorbing stomach, a debris-laden inactive intestine.

For instance, in the acute infectious diseases, where fever is an early and general symptom, we shall find that a very few doses of aconitine, veratrine or gelseminine (the drug selected will of course depend upon conditions present) will reduce hyperpyrexia *provided* we have first secured oral, dermal, gastric and intestinal cleanliness. The practitian who would attempt to reduce the fever of scarlatina with aconitine, leaving the intestine full of bacteria-breeding filth and the skin inactive, will more than likely have signs of aconite poisoning long before the thermometer shows much reduction in temperature! To him the *maximum* dose means the *toxic* dose. But he who practices *rational* therapeutics will first "clean out" and then "keep clean"

the gastric and intestinal mucosa, the while exhibiting the smallest known-to-be-effective dose of the indicated remedy at short intervals and, as a result, will secure, in from three to eight hours, a marked amelioration of all symptoms—lessened fever, reduced erythema and *restfulness;* and a moment's thought will convince any clinician that still smaller doses at longer intervals will, in the great majority of cases, *maintain* the effect.

There *can* be no other rational method of medication! If the ten-drop, dram or ounce dose of the galenics are worth anything therapeutically, their value depends upon the *amount* of *active principle available.*

Those familiar with chemistry and physiology in their most elementary form know that it is an easier matter for the system to absorb 1/60 of a grain of the active principle itself than it is to separate that amount of useful matter from a quantity of alcohol, syrup and inert (or injurious) extractive matter in which the bit of active principle is all but lost. In the one case the isolation necessary has been performed and we offer the system a definite amount of a positively acting substance. In the other we know nothing whatever of the capacity of the body to select the active principle: indeed, as a mater of fact, we do not know if any remedial principle is present at all!

At best we *cannot* know how much is available within a reasonable time. The activity of the gastric mucosa is not improved by disease, neither is the body-chemistry simplified; hence the necessity for huge doses of the galenics: hence also one more reason for their well known inefficiency. It is, after all, the amount of medicine which is absorbed and active in the system (not in the gut) at one time that counts; and only when we use a soluble active principle can we be sure that prompt absorption takes place.

Just how much of any active drug it will take to produce certain desired results, in any given case, no man can positively state; but we do know that the frequent repitition of the smallest effective dose will produce that result in the shortest possible time. We also know that "the MAXIMUM dose" here is just the amount of drug needed—no more and no less, and *that* we must arrive at thru observation.

Some drugs act more rapidly than others: the drug which will affect A to-day in a certain dose may not affect B to-morrow (or perhaps even to-day for that matter) hence to say gr. 1/67 or gr. 1 is the maximum dose is an *absurdity.* The simple, rational rule which every active-principle therapeutist follows provides in the most positive way for dose enough—and "dose enough" is what we want. In all acute diseases or where we are dealing with toxic drugs the careful observance of that rule will prevent accidents—or for that matter overdosage.

If we have given the small dose at frequent intervals to effect and that effect is *toxic* or other than remedial then we have failed to grasp conditions or to exhibit the right remedies. It is never necessary (save in a few chronic diseases) to produce signs of drug excess in order to secure remedial effect.

Therefore let the physician who would relinquish uncertainty for a POSITIVE THERAPY commit to memory this simple precept: *"Diagnose Closely: Treat Pathologic Conditions Present, not Disease Names: Clean out and keep Clean* the Primae viae: Stimulate organic activity: Support Vitality and—EXHIBIT THE INDICATED REMEDIES IN SMALL REPEATED DOSE TO EFFECT DESIRED! Don't bother about "Maximum and Minimum doses": when you use the alwayis-evenly-active alkaloids the ONLY dose worth conside ring is "dose-enough."

The Physician and His Mission.

By Victor Robinson:

In a letter which I received from Professor Simon Newcomb—the greatest Astronomer that America has produced—he says: " . . . If you mean who, in my opinion, have done most for the good of humanity, I should name first those who have investigated disease and shown how to lessen pain in the world."

I think so too. I think that he whose province it is to relieve the body of its ills, and to cast sickness from its stronghold, has the noblest of missions. It is for him to heal the wound, to cure the pain, to still the moan, to stop the tears. Always in the midst of sobs and suffering labors the physician. He is the patron saint of the sick-room, the genie of the hospital. He is the harbinger of hope, the herald of health. He is the man who is pitted against the dragons of disease, despair and death. He is the champion whose strong right arm often rescues us from the grip of the grave. He is the apostle of the grandest of sciences—the science whose aim and endeavor is to save us from the torture of physical agony and to prolong our lives. It is the science which year in, and year out, in spite of absurd attack and unreasonable opposition, is progressing and making head; for in clinic, laboratory, and dissecting room, by patient observation and tireless experiment, its devotees work day and night, and the voice which inspires them is the cry of suffering humanity. It is the science which needs no wordy vindication, because—I have said it before—its vindication is written in the practical elimination of cholera, small-pox and yellow fever; it is written in the discovery of anesthetics, antiseptics and antitoxin; it is written in the lives of Haeckel, Huxley, Darwin, Virchow, Koch, Pasteur, Morton, Lister, Semmelweis, Metchnikoff, Langenbeck, Lorenz, Marion Sims and Jacobi;

its vindication is engraved on the heart of the mother who presses to her glad bosom the darling grasped from the chilly clutch of death; its vindication is written in nations saved from pestilence and plague; its vindication is written in the tales of progress, in the story of advancement, in the onward and upward march of the race.

"The history of that science—the science of medicine—is the brightest page in the annals of humanity. It has corrected the unkindness of Nature and made the world a better place. It has ransomed no small part of the human race from the sentence of an untimely death. It has furnished the most illustrious examples of self-sacrifice and heroism. It has in an earlier day fought the battle of humanity with the forces of priestcraft and bigotry. To-day everywhere thruout the civilized world, it is giving sight to the blind, hearing to the deaf, limbs and movement to the halt, hope and joy to myriads under the sad burden of sickness."

Yes, upon the shoulders of the physician has indeed fallen the mantle of a mission. To redeem us from illness and physical suffering—this is his work. To carry the cross of a crusade against the cruellest devils which torment the human race—Disease and Death—this is his calling. To offer a soothing balm to all who feel the pangs of pain—this is his vow.

When all the bloody deeds of heroic warriors have been sung and painted and sculptured, and the poet sighs for another theme, and the artist knows not a picture to place upon his canvass, and the sculptor wonders what group next to chisel, let them visit a sick-room, and watch, unseen, the physician bending over a little child.

The Composition of Some So-Called Synthetics and "Ethical" Nostrums

William J. Robinson, M.D., New York.

Read at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Materia Medica, Pharmacy and Therapeutics, and approved for publication by the Executive Committee: Drs. S. Solis-Cohen, George F. Butler and N. S. Davis, Jr.

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One fine morning, some weeks ago, a young lady, an actress by profession, came to consult me about an obstinate headache. "I have used everything you can think of," she said. "I have used antikamnia, Kohler's headache powders, ———'s migraine tablets, orangeine, Hegeman's headache wafers and a lot of other things. At first they used to relieve me, but now they don't do me any good." The self-drugging young woman enumerated five different articles which she had used; different articles in name, but identically the same so far as composition is concerned. Every one of these articles consists of acetanilid, sodium bicarbonate and a little caffein. Finding a malarial history, I prescribed quinin and ergotin, and her headaches promptly vanished.

About two weeks later a young practitioner approached me at the close of a medical meeting with the following words: "Doctor, I wish you would recommend me something good for dysmenorrhea. I have an obstinate case for which I tried everything you can think of." "What did you give her?" I asked. "Oh, I gave her antikamnia, phenalgin, salfene, phenobromate and all the various combinations recommended for dysmenorrhea. They have a slight effect,but only temporary." Here we have a physician, a man who paid out a thousand dollars in tuition fees in a medical college, who does exactly the same thing as the ignorant young woman; that is, he prescribes for his patients things of the composition of which he knows absolutely nothing. All the nostrums he enumerated contain acetanilid as their chief and principal ingredient, and he did not know it! A professional man, and he did not care to make the least investigation into the nature of the drugs he prescribed! Had he done so, he would have spared himself the trouble of prescribing the same drug over and over again under a different name, and his patient's sufferings might have been alleviated by more rational treatment. How can we blame the laity for self-drugging and for swallowing mixtures of which they know nothing, when regular physicians are doing the same thing right along? The above is by way of preface, and now to the subject of the paper.

Something must be done to stop the avalanche of nostrums which threaten to overwhelm and bury the general practitioner, which put barnacles on the wheels of therapeutic progress, and which throw confusion into the minds of those who have not made pharmacognosy and materia medica a special study, and even into the minds of those who have. No one who has not given the subject especial attention can imagine what impudent mendacity, what incredibly absurd claims, what impossible statements are indulged in by those nostrum manufacturers who have made the physician their special prey. And not only this; downright dishonesty is practiced in taking an old well-known compound, christening it with a new name and offering it to physicians as a new discovery, as a new synthetic with wonderful properties, as one possessing all the virtues of the old compound with all the drawbacks eliminated. If we take into consideration the difference in the education of the medical profession and of the laity, and compare the statements of the "ethical nostrum" manufacturer with those of the regular quack patent-medicine man, we will find that the ones are not in the least less extravagant than the others. It would be impossible to enumerate and to discuss all the fakes and humbugs that are foisted on the attention of the medical profession. I must, therefore, be satisfied with giving a few illustrative examples. The examples are not by any means unique. They are typical of numerous other cases. [*A number of examples follow.*]

What is the remedy? The remedy for this, as for most other evils, is education. It is a false and pernicious theory that error should be left alone; that it will die out by itself. It may in time, but I am sure that error and fraud unattacked will live much longer and thrive much better and have many more followers than if exposed frequently and attacked boldly and unitedly. We need an active, persistent propaganda, a two-fold propaganda—propaganda among the laity and propaganda among physicians. The Association should appoint a committee of two or three hundred members, whose duty it should be to write frequently to the daily press on the evil of self-drugging, to enlighten the laity as to the composition of most of the widely advertised nostrums. It would be still better if every ethical physician constituted himself a committee of one to pursue this work. Show the people that in taking "Peruna," Hostetter's Stomach Bitters," etc., they are merely imbibing large quantities of whiskey. Show them what quack-medicines contain morphine and other narcotics, and the sale of those remedies will diminish materially.

But the physician is just as much in need of missionary work, in his line, as the public is. Let us educate the physician to demand the composition of everything he prescribes. The manufacturer will have to give it, because without the physician he might as well go out of business. And if we are given the formula, let those of us who are competent, examine the product once in a while to see whether it is true to the formula or not [a distinct suggestion for the formation of a council on Pharmacy and Chemistry].

And woe to the manufacturer who gives a false formula or makes false assertions. All his other goods would be ostracized forever. Let the true composition of each remedial preparation be insisted on as a *sine qua non* before prescribing, let our journals print occasionally contributions about the various wonderful discoveries offered to the profession, and all such products as "antikamnia," "thialion," "respiton," "neurilla," "Dad's quinin pills," "emissine," "appendicine," "gynecine," "manola," "sanmetto," "ecthol," "seng," "chionia," "chaparine," "zarcol," "labordine," etc., will disappear from the face of the earth, and will cease to disgrace the pages of our medical journals. Having mentioned medical journals, I can not conclude without saying a few words on the subject of medical advertising.

This is a subject which must be discussed without reserve, and it is a subject which will not be settled until it is settled right. To say that the reading pages have nothing to do with the advertising pages, is sheer hypocrisy; no matter how we may try to get away from it, the fact remains that when we advertise a preparation we give it a quasi indorsement. And even if we don't give it an indorsement, we induce the physicians to

prescribe it, we aid in its sale, we encourage charlatanism and fraud, we confuse therapeutics; in short, we aid indirectly in humbuggery. I am not a crank. I am not opposed to new remedies of proved merit, but I assert that the line must be drawn somewhere, and it must be drawn closer than it is at present. We rail at the daily press for admitting filthy medical advertisements and demand that they discontinue the practice. But many of the advertisements in the medical journals are of no better character, and we should certainly give our own journals a thorough cleansing before pointing out filth in the daily press. . . . To preach in the editorial and reading pages therapeutic rationalism, care and discrimination in prescribing, and then nullify the teachings by presenting in the advertising pages a lot of nondescripts of unknown composition, is certainly the acme of absurdity and inconsistency. It is not a whit less inconsistent than the attitude of the *New York Journal,* which prints splendid editorials against the whisky evil and its life-destroying property on one page, and on the next page presents to its readers an array of testimonials of the wonderful life-prolonging virtues of Duffy's malt whisky. No, something must be done in the matter. The advertising pages of ethical medical journals must be made clean, to correspond more or less, at least, with the tone of the reading pages.

In conclusion: Do not misunderstand me; I do not attack all patent or proprietary preparations. Not at all. Our first duty is to our patients. If a patented preparation will do our patients more good than an official one, let us prescribe it by all means regardless of the fact that the manufacturers are making a good profit out of it. I am simply pleading for discrimination. The high-class manufacturers of true synthetics, of products in whose preparation real chemical skill and knowledge are required, or of *elegant pharmaceutical preparations,* about the composition of which there is no mystery and about which no extravagant assertions are made, who subject their remedies to clinical tests at the hands of competent physicians before they launch them into the market, should be supported and encouraged; the fakers who mix two or three well-known ingredients, christen them with some fancy name and make extravagant assertions for them, should be boldly and fearlessly exposed.

This Half-Finished Human Race.

By Herbert N. Casson.

Here is the secret of many mysteries—the fact that the human race is "under the head of unfinished business."

Man is like a statue half-cut from the marble. He is half art and half raw material. His body is an unsorted heap of things that are useful and things that are outgrown; and his mind is a medley of instinct and reason.

What Nature did for Man, and what Man has done for himself, have been equally incomplete and blundering. The fact that child-birth is painful and that cancer, in its first stages, is not, shows how stupidly Nature can arrange some of her "laws." The persistence of corns on booted feet proves, too, that Nature can be absolutely asinine in some respects.

Is not every human body half a machine and half a museum? Part of it helps and part of it hinders. Some organs, like the nose, are improving; some, like the toes and the wisdom teeth, are degenerating; and some, like the vermiform appendix, are worse than worthless, unless Nature left them in as a special favor to modern surgeons.

So with the brain. In spite of the march of science there are enough half-made minds in the United States to make Senator Depew a statesman and Mrs. Eddy a millionaire. Men and women who wear clothes and live in houses can be seen studying "New Thought" and "Christian Science," and without any sense of shame apparently.

In spite of a thousand colleges and the vast knowledge-harvest of the centuries, thousands of living Americans are now trying to cure cancer by talk and to check consumption by conversation.

And, in spite of the long battle for democracy, the leaders of the people are still those who can fool and flatter the greatest number.

The fact is that we have not yet begun to scientifically study and re-create ourselves. No one has spent as much care in studying human nature as Darwin did in studying earth-worms. Astronomy, we know, but gastronomy, as a science, is unborn. We can predict an eclipse, but not a stomach-ache.

Our colleges are still teaching predigested prejudice, under the name of education. We have no professors who teach courage, presence of mind, self-control or good citizenship We have a Burbank who can educate the thorn from the rose, but where is the professor who can pluck greed and self-conceit from the human brain?

There are so many people in the world who make a living by the sale of ignorance that the real progress of the race is a slow process. Burbank would neer have gotten the thorns off his roses if there had been a hundred thousand men who made a living by keeping the thorns on. So you will find back of every immortal prejudice the men to whom that prejudice is a means of support.

Some day, let us hope, the human race will be finished and the scaffolding taken down. In those days we shall realize that Life is a little knowledge framed in mystery, and that it is better to study the picture than the frame. We shall know how glorious it is to find out How and Why—to face the lightning and tame it—to train out of ourselves the brutal instincts and slavish

thoughts—to persevere until consciousness is no longer a jangle of conflicting sounds but a harmonious symphony.

The Treatment of Gonorrhea and its Complications.

Informal Chats with the General Practitioner.

BY WILLIAM J. ROBINSON, M.D., NEW YORK.

IV. TREATMENT OF CHRONIC URETHRITIS.

Chronic gonorrheal urethritis is certainly one of the most tedious and sometimes one of the most thankless affections which we are called upon to treat. This statement will be readily corroborated by every specialist who has a large practice and who is not satisfied to consider a gonorrhea cured because the discharge has ceased.

Before entering upon the treatment we wish to say a word about over-treatment of chronic gonorrheal urethritis. It is almost a daily occurrence with us to see patients whose only trouble is over-treatment by their physicians or themselves. The urethra is a tender organ and it will not stand constant dilations, injections, irrigations, etc., without replying to the insults with a catarrhal irritation. When a patient himself, in whom after examination and the history I suspect the chief or only trouble to be over-instrumentation, I give him just a mild urinary antiseptic internally (generally a combination of urotropin and arbutin) and tell him to come back in two or three weeks. And at the end of that period such patients are generally either entirely well or practically so. This prefatory remark is very important. If a doctor has a case which seems to resist the most energetic treatment, let him cease all treatment for two or three weeks, and he may be surprised at the result.

Tedious and long as the treatment of chronic urethritis is, it is quite simple. It may be expressed in three words: Irrigation, instillation, dilation. The drug par excellence in chronic urethritis is silver nitrate, with protargol as second choice, or as alternate. And with this drug alone, properly used, we can cure all or practically all our cases. For irrigation I use it in the strength of 1 to 10,000, increasing gradually to 1 in 1000. By increasing the strength very gradually, we avoid irritation with the consequent discharge, strangury, etc. The amount used per irrigation differs from 8 to 32 ounces (250 to 1000 Cc.). This irrigation is repeated twice a week, as a rule, but never more than three times. In some cases once a week suffices. The entire urethra is irrigated, for while in the acute disease we distinguish between anterior and posterior urethritis, there is practically no line of demarcation in the chronic variety. The entire canal is more or less affected. If the neck of the bladder also shows signs of implication in the gonorrheal process, the bladder is also irrigated. The "instruments" used are a Mitchell return catheter and a 4 to 8-ounce hand syringe. But lately I

have done away with the catheter almost entirely and find I can accomplish everything that is needed with the syringe alone. My principle is to go with an instrument into the urethra, be that instrument even nothing more than a soft catheter, only when we cannot avoid doing so. By closing the meatus firmly over the soft rubber tip of the syringe and by applying pressure in the perineum, we can dilate the urethra to its utmost capacity so that the fluid reaches every fold, every opening, every follicle.

Where endoscopic examination shows the presence of localized patches of inflammation or erosion, there topical applications, applications to the spot, are indicated. The applications may be made by the aid of a cotton carrier or by instillation with a Guyon syringe. The strength of the silver nitrate solution should be from one to two per cent, but may be as high as three per cent. If protargol is used the strength should range from 5 to 10 per cent.

What the exact rationale is of treatment by sounds is not well known, but there is no question that the sounds and dilators—if not abused—have a remarkably beneficial effect on the course of chronic urethritides—gonorrhea, gleet and simple catarrh. But I do not believe that the effect can amount to much if we leave the sound a minute or two, as some advise. I leave the sound in from fifteen minutes to an hour; the dilator from ten to thirty minutes. The superiority of the dilator over the sound lies in the fact that the former can be passed thru a small meatus, and then dilated in the urethra to any desired circumference, while in treatment with sounds we must perform meatotomy, if we have to deal with a narrow meatus. I do not intend to speak here of the technic of sound treatment, but it is well to remind you of the fact that you will often be able to pass a 26 or 28, when you cannot pass a 20 or 22.

While I mentioned sounds and dilators after irrigation, as a matter of fact in actual practice we first pass the sound or dilator and then irrigate. If you should attempt to irrigate first with silver nitrate, you would find that in many cases you would have great difficulty in passing the sound on account of the astringent action of the silver solution. The correct order is.

(1). The patient urinates. (2). The urethra is washed out with a warm boric acid solution (2 per cent) or a 1 to 10,000 mercury oxycyanide solution. (3). The sound properly asepticized and lubricated, (with a water-soluble and not an oily lubricant) or the dilator, is passed and allowed to remain the proper length of time (see above). (4). The urethra is again washed out with a warm boric acid solution. (5). The injection, irrigation or instillation proper is now used.

Such a treatment gives results; definite and positive results. And we, personally, do not believe that there is such a thing as an incurable case of gonorrhea or urethritis.

Therapeutic Abstracts

The Glycerophosphates in Neurasthenia.

Dr. Alfred Gordon, Associate in Nervous and Mental Diseases, Jefferson Medical College, states that phosphorus exists in the brain and nerves in glycerophosphoric combination and is decomposed into inorganic compounds under mental activity, sexual excitement, etc. Exhaustive disorders of the nervous system should be treated with organic forms of phosphorus, to restore the phosphatic loss, as inorganic forms of phosphorus are not absorbed.

He used the glycerophosphates, which appear to give the best results, in 56 cases of syphilitic nervous affections, neurasthenia and insanity. In the specific cases the glycerophosphates showed the most beneficial effect on the asthenia and reinforced the mercurials and iodides, the special symptoms improving. In the neurasthenias, some of which were post-grippal, as well as in other cases the favorable effect was pronounced. Improvement only began when the glycerophosphates were administered and ceased when they were withdrawn.

The author concludes that the glycerophosphates effected an increase in weight, improvement in strength and mental activity, and a sensation of well being. They are rapidly and completely assimilated, acting as regenerators and stimulants to nutrition and metabolism.—(*Medicine,* December, 1906.)

Probilin in Hepatitis

Dr. Fred. C. Thum, formerly Demonstrator of Anatomy at the Kentucky University, Louisville, writes on "Subacute Alcoholic Hepatitis"—a form intermediate between the acute hepatitis from a single protracted spree and the chronic hepatitis from long years of alcoholic excess. Calomel, podophyllin, etc., are not of very great use. Strikingly effective are pills consisting of salicylic acid, acid sodium oleate, phenol-phthalein and menthol (probilin). They increase biliary secretion and render the bile sterile, thus inhibiting the inflammation in the hepatic structures.—(*Med. Progress,* Feb., 1907.)

The Treatment of Incontinence of Urine.

Bed-wetting is not only a sad affliction *per se,* but it is a danger signal telling us that that person's genitourinary system is unbalanced and requires treatment. It was Trousseau who many years ago pointed out the relationship of bed-wetting in

children to sexual disorders in later life, and it is therefore our duty to treat every case of incontinence, especially in male children, and treat it energetically until the disorder is cured. It is not my object in this note to review the treatment in all its details, to call attention to hydrotherapy, electricity, suggestion, proper diet, limitation of drink after 4 p. m., etc. Here I only wish to call attention to the medicinal treatment, which in my hands has proven highly satisfactory.

The treatment consists in the administration in various combinations, and in various ways, of four drugs: arbutin, atropine, strychnine and hydrastine. The average dose of arbutin that I give in such cases is ½ grain; of atropine sulphate gr. 1/250; of strychnine sulphate 1/130, and of hydrastine hydrochloride gr. 1/10. All these remedies may be given together in solution, or they may be made up into pills or capsules, but the best way is to give them separately in the form of pills or granules, as we are then in a position to increase, diminish or leave out altogether any ingredient that we think has done its work. The atropine, strychnine and hydrastine should be given three to five times a day, but the arbutin may be given every two hours or even every hour. Sometimes I prescribe the three alkaloids in the form of suppositories:

Atropinae sulph.	gr. 1/250
Strychninae sulph.	gr. 1/150
Hydrastinae hydroch.	gr. ¼
Ol. theobromae	gr. 12

M. Ft. Suppos. No. 1. Insert one twice or three times a day.

In older children I use my solution of strychnine and hydrastine, which has the following composition: Strychnine sulph. gr. 1, hydrastinae hydrochl. gr. 10, aquae destill. gtt. or min. CD (400). I instill one to two drops in the prostatic urethra or near the neck of the bladder.

I have no seven thousand cases to report, but the twelve or fourteen cases that I have treated with the remedies outlined above (plus other adjuvant measures) have *all* been cured.

P. S. I will take this opportunity to call attention to a little measure in the treatment of enuresis, which is quite effective in numerous cases and which may not be known to many of our readers. This little measure consists in coating the meatus and a portion of the glans with some collodion. A layer is formed which closes up the meatus, and the pressure of the urine which finds no exit wakes the child. The layer of collodion is easily removed with the fingers.

Gonorrheal Rheumatism.

In gonorrheal rheumatism saturate the patient with calcium sulphide—the best obtainable—and apply collodial silver ointment to the joint.

Apomorphine, as a Sedative and Antispasmodic.

Dr. E. R. Shannon, of Waterloo, La., relates some interesting and instructive experiences with apomorphine hydrochloride. He found himself one morning with strength and patience exhausted, having been in attendance nearly the whole night upon a young woman suffering with hysteroepilepsy. The usual antispasmodic treatment had proved futile, and chloroform was finally resorted to, which gave only temporary relief. Then it occurred to the writer that a restful change in picture and symptoms might be secured by giving an emetic. Apomorphine was then administered in emetic dose. After a severe comiting spell, the patient relaxed and fell into a peaceful sleep, giving no more trouble for several months, when a recurring attack was quickly relieved by smaller doses of the same drug.

Later, Dr. Shannon was called to see a man of seventy-six, who had been hoccoughing for six days. He had been under the care of several physicians, and on account of his age and extreme debility, little hope of recovery was entertained. Now 1/20 gr. of apomorphine hydrochloride was given; nausea and alarming heart weakness followed in a few minutes, succeeded, however, within fifteen minutes, by relief from the hiccough. It was found necessary within the next three days to give only two more doses of 1/30 gr. each; after which the patient made rapid recovery.

Another case was that of a woman who was in a most alarming condition of suffering; nearly every muscle of her body was in spasmodic contraction, so intense about the neck and back as to prduce opisthotonos. Nothing could be learned from her, as she was in a state of delirium from pain. Her husband said that she had experienced dozens of these attacks, that a number of physicians had attended her during seizures, that she had contracted the morphine habit from the treatment thereof, and that chloroform had been the only means of giving relief. Now 1/20 gr. of apmorphine was administered, and the patient fell asleep in twenty minutes.

There are two other conditions in which this drug has been found quite uniformly useful: the insomnia of acute alcoholism, and angina pectoris.

The dosage should be as light as possible, preferably to secure the nausea without emesis. Ordinarily 1/20 gr. hypodermatically is about the proper dose, tho in old people this may be too much.

In Dandruff.

One of the simplest washes for danduff is the following:

Chloral hydrate	drs. 3
Glycerin	drs. 5
Water	ozs. 8

It will do more than any of the patent dandruff cures, and costs but a few cents.

Lotio Alba.

Lotio alba has the following composition:

Potassae sulphuratae .....dr. 1
Zinci sulphatis .....dr. 1
Aquae destillatae .....ozs. 4
or, Aquae rosae .....ozs. 4

The reason it is called white wash is because a chemical reaction takes place when the two salts are mixed, zinc sulphide being formed and precipitating. Remember that we use potassa sulphurata or liver of sulphur and not potassium sulphate.

The lotion is used as an application in acne, in freckles, etc.

Application for Sores and Ulcers.

That what is pharmaceutically or chemically incompatible is not always therapeutically inapplicable, is seen from many of our most useful formulas. The following combination is, strictly speaking, incompatible but it does excellent service in indolent ulcers, sores, phagadenic chancroids, etc.:

Argenti nitratis .....grs. 10 to 30
Bals. Peruviani .....dr. 1
Adipis (vel petrolati).....oz. 1

Apply on lint once a day.

In indolent leg ulcers on a syphilitic basis iodized lime (calx iodata and not calcium iodide) applied pure or in the form of a ten per cent ointment with petrolatum is very useful.

A simple and effective application for perspiring feet is to paint them at night with a mixture of equal parts of Monsell's solution and glycerin.

Collargol in Gonorrhea.

S. Leon Gans, M.D., Instructor of Genito-Urinary Diseases in the Medico-Chirurgical College, Philadelphia, publishes his extensive experience with colloid silver in acute gonorrhea. From his study of 132 cases he makes the following conclusions: Instillations of the drug never caused subjective symptoms of irritation. The most striking feature in the entire series was the absence of epididymitis in all cases. There were no complications in any case, unless posterior urethritis may be so called; and this was minimized. All cases ran a much shorter course than under other plans of treatment. The long stage of decline was conspicuous by its absence. There was no sudden cessation of the acute discharge followed by a persistent mucoid discharge, as with many cases treated by the old irrigation methods.

Three to five per cent. collargol solutions with mucilage of sassafras were injected as soon as the patients presented themselves. The instillation is made with the greatest care and gen-

tleness four times a day, immediately after urination, the instillator being placed just within the compressor urethra muscle. This insures medication of the infected membranous and prostatic urethra; introduced further the instillator deposits the fluid on the base of the bladder, which is often largely at fault. The solution is held five minutes, the meatus being compressed laterally. The urine should be watched, and persistent turbidity not due to phosphates or urates is an indication to decrease the strength of the solution. Number and concentration of the injections should of course be adapted to the individual needs.—(*Med. Bull.*, Feb., 1907.)

Some Useful Suggestions.

In urinary incontinence, especially in children, give atropine gr. 1/500 t. i. d. and an extra granule at bed time.

In urinary incontinence due to general weakness, especially of the sphincters, add strychnine nitrate, gr. 1/134 to each dose.

In urinary incontinence due to irritation of bladder from foul urine add lithium benzoate, gr. 1 to each dose.

In urinary incontinence from cystitis, add a granule each of aconitine (gr. 1/134) and cannabin to each dose.

Atropine, gr. 1/500 to 1/250 every fifteen minutes is useful in hemorrhage from any part of body. Hydrastinine, gr. 1/12 should be added to atropine if the bleeding is from uterine membranes. This combination is effective.

Atropine, gr. 1/250 till dryness of mouth is noticed, is efficacious in ovarian neuralgia, dysmenorrhea, etc. Dioscorein, gr. 1/6, should be added to relieve the severer pains.

In excessive sweating, especially at night, pulse slow and soft, skin cold and clammy, atropine, gr. 1/250 every half hour will soon change conditions.

In acute coryza, beginning of congestion, give atropine, gr. 1/500 every half hour until dryness of the throat is noticed, then less often. Hamamelin, gr. 1/6, should be added to atropine if bleeding from veins is due to a general relaxation of their walls.

I gave dioscorein, gr. 1/6 in hot water every ten minutes, in severe gallstone colic, and sodium succinate ever since for last six months with but one slight return of pain. Podophyllin and saline to keep bowels in normal condition completed the treatment.

M. B. STINE.
Crooks, S. D.

Vaginitis in Children.

Dr. B. K. Rachford read an interesting paper on the subject before the Cincinnati Academy of Medicine (*Lancet-Clinic*, Dec.

1), detailing therein his experience with an epidemic of gonorrheal vaginitis that occurred in the children's wards of the Cincinnati Hospital. The treatment which proved most successful in handling those obstinate cases is as follows: The external genitalia are carefully washed with a 1:1000 corrosive sublimate solution, and two quarts of a saturated sol. of boric acid is injected through a small glass catheter. This is followed by the injection of three ounces of a 1 per cent solution of silver nitrate. Under this treatment, which is given twice a day, the vaginal discharge clears up more rapidly than under any other the author has ever used. When the discharge ceases and no gonococci are found—which usually occurs within one week—the treatment is continued unchanged for two weeks and then the silver solution is increased to 2 per cent and sometimes to 3 per cent. These stronger solutions preceded by the boric acid irrigation are kept up for ten days and the cases are then transferred to another ward for observation.

Have Your Ammunition Ready.

The physician makes a sorry spectable if when called suddenly face to face with a case of syncope, uterine hemorrhage, biliary or renal colic, etc., he is without the necessary agents to give relief. He can write a prescription, yes, but in the meantime valuable time is lost; and when the emergency is at night, the "prescription" is sometimes a mockery. An hour or two may pass before one succeeds in having the prescription filled. A physician told us that he was once called to a distressing case of angina pectoris, at night, and the circumstances were such that he would have willingly given a hundred dollars for a pearl of amyl nitrate, put into his hands that night.

Do not think that because I urge the use of plain remedies and the exercise of common sense I am opposed to medicinal agents. I believe in drugs, when drugs are needed; and I believe in giving efficient doses. Nothing seems so fatuous as playing with drugs in insufficient doses. When one desires to divide skin or muscle, one needs a knife that will cut. So also when one needs a drug, it must be pure, it must have power. The physician must know not only what he is giving, but how much. Besides this, he must have courage to give enough.—JOHN B. ROBERTS.

The recipe for perpetual ignorance is: be satisfied with your knowledge.

There is a wild, splendid, intoxicating joy that follows work well done.

Book Notices.

DISEASES OF THE LUNGS. By Robert H. Babcock, A.M., M.D., author of Diseases of the Heart and Arterial System, formerly professor of clinical medicine and diseases of the chest, Illinois State University; consulting physician to Cook County Hospital, etc., etc. With 12 colored plates and 104 text illustrations; 809 pages; cloth, $6 net. D. Appleton & Co., New York. As the title indicates, the book is a treatise on diseases of the lungs, and naturally the subject is discussed very exhaustively from all points of view. The subject of pulmonary tuberculosis, for instance, occupies 215 pages. The book is a valuable repository of our present knowledge of diseases of the bronchi, lungs and pleurae.

THE PRACTITIONER'S MEDICAL DICTIONARY. An Illustrated Dictionary of Medicine and Allied Subjects, Including all the Words and Phrases Generally used in Medicine, with Their Proper Pronunciation, Derivation, and Definition. By George M. Gould, A.M.; M.D., *author of "An Illustrated Dictionary of Medicine, Biology, and Allied Scineces," "Biographic Clinics," "The Meaning and Method of Life," Borderland Studies," etc.;* With 388 Illustrations. Octavo; 1043 pages. Flexible Leather, Gilt Edges, Rounded Corners, $5.00, *net.* P. Blakiston's Sons & Co., Philadelphia.

Dr. Gould is so well and so favorably known as a dictionary maker, that it would be fairly safe to give his new dictionary a favorable send-off without examining it too closely. Jokes aside, the dictionary is thoroly satisfactory and the general practitioner can get no better one. It is stated on the title page that the standards of pharmaceutic preparations have been revised and correspond with the latest edition of the U. S. P. We regret to say that this part of the work has not been done very carefully. Thus, for instance, tr. of aconite is stated to be 35 per cent. strong, tr. of digitalis 15 per cent., etc., when, as a matter of fact, both the above tinctures are now 10 per cent. The definition of Proprietary Medicine should be revised in the next edition. Dr. Gould tells us that a proprietary medicine is one "that is trade-marked patented, or secret." Now, first anything that is patented cannot be secret; and second a medicine may be neither trade-marked, nor patented, nor secret and still be proprietary. But these are minor points. On the whole, the dictionary is very good indeed.

THE AMERICAN IDEA. By Lydia Kingsmill Commander. Cloth, $1.50. We regret very much that space does not permit us to give this most excellent and most interesting volume, now before us, an extended review. Suffice it to say that we have read the book with pleasure and we consider it an important contribution to the subject of so-called race suicide. The author is a calm, level-headed investigator who does not attempt to foist any fanciful theories, but gives us facts and figures, and "first-hand material gathered from the great representative body of the ordinary men and women of the country in the course of three years' observation, search and interview." The author propounds the question: Does the American tendency toward a small family point to race suicide or race development? And to find the answer to the question you must study the volume, which, by the way, is written in a charmingly readable style. We advise all our readers to procure a copy of this book—it will repay reading. Address: The Altrurians, 12 Mt. Morris Park, W

Miscellaneous Paragraphs.

With what can they reproach me as a writer? I have always taken the part of the weak against the strong; I have always lived beneath the tattered tents of the conquered and slept by their hard bivouac. It is true, I have cancelled a number of too pompous adjectives which certain names have appropriated to themselves; and now and then I have also pricked the bubble of some bloated self-conceit....Call it personalities—what of it? Every one has his own way of making war: the others shoot into the masses at half the height of a man; but I select my enemy and take a good aim. And if a plumed crest happens to pass by my door, I always give him the preference.

With the foundation of the CRITIC AND GUIDE a new, hitherto unknown element was brought into medical journalism. We believe we are right in stating up to that time there was no medical journal in the country whose editor could and did write just the way he felt, without "countin the cost," without caring to know if what he wrote pleased or displeased his publishers, advertisers, readers, friends, enemies, colleagues, etc.; who disregarded conventionalities, who told the truth in an unvarnished manner, even at the risk of losing "caste." In literary journalism we had had at the time some strictly personal independent organs (the Philistine, for instance), but in medical journalism the CRITIC AND GUIDE was the first Free Lance. Free Lance in the noblest sense of the word.

Trade is occupation for livelihood; profession is occupation for service of the world. Trade is occupation for joy in the result; profession is occupation for joy in the process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is occupation often taken up temporarily, until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trader; profession makes one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor.—President Faunce, Brown University.

We take this opportunity to thank our subscribers for their prompt remittance and for their kind words of encouragement and appreciation. We should like to answer every one personally, but it is a matter of physical impossibility. We work very hard, but occasionally we get "swamped" and some communications must necessarily remain unanswered.

From To-Day's Mail Bag.

TEN.

Dear Dr. Robinson: Enclosed find check for ten dollars. I assume it will give me the guarantee that for the next hundred years I shall receive the CRITIC AND GUIDE, so that every month I may find therein things to instruct, to anger and to amuse me.

Yours very truly, FERD C. VALENTINE, M.D., 171 West 71st St., New York City.

Dr. Valentine knows a good thing when he sees it.

ANOTHER TEN.

Dear Dr. Robinson: An official reminder informs me that the subscription fee is due and as I do not want to lose a number I hasten to forward remittance. My attention is also called to the fact that one can subscribe for life. It gives me pleasure to remit check for $10.00 so as to be able to secure the CRITIC AND GUIDE without any further reminders. I hope that you will be the loser in this case, by having to send the ournal for many more years than the enclosed $10.00 would pay for in annual subscriptions. Wishing you continued success, I am,

A. MONAE LESSER, M. D., 16 West 68th Street, New York City.

(And so does Dr. Lesser.)

Subscribing for life is a good habit. You remit $10.00 and you are thru with it for life. No reminders, no interruptions. And besides you are bound to take better care of your health, so as to live long enough to make your life subscription a paying investment. Become a life subscriber!

Dear Sir: Enclosed please find $1.00 for one year's subscription to the CRITIC AND GUIDE. I am highly pleased with your Journal and am heartily in sympathy with its movement. John Rhoades, 2929 Kenwood Avenue, Indianapolis.

Dear Doctor: Enclosed please find check for $4.00 for the breezy and extremely valuable CRITIC AND GUIDE. Respectfully yours, M. J. Malament, M.D., 101 McKibben St., Brooklyn.

Gentlemen: I have had the pleasure of reading a few of your breezy little journals, and have caught the fever. Wishing you more power, enclosed find "one unit of force." Yours sincerely, Robt. F. Thompson, 22 E. 108th St., N. Y. C.

Dear Sir: I have just finished reading a sample copy of the CRITIC AND GUIDE. Altho I now receive four pharmaceutical journals, I believe the CRITIC AND GUIDE is the one for which I have been looking, and therefore enclose my dollar. Yours truly, Kooskia Drug Co., W. E. Smith, Mgr., Kooskia, Idaho.

Dear Doctor: Enclosed please find my renewal subscription to the CRITIC AND GUIDE—the best little journal in the field. Yours very truly, Charles Norford, M.D., 415a Westminister Place, St. Louis, Mo.

Dear Dr. Robinson: The worth of such publications as the C. & G. cannot be expressed in dollars. It is for those who are not afraid of their own thots, and who are not afraid to listen to others who may differ with them. The day may come when people will cease to look upon their physician the same as devout Catholics look upon their priest. When that day comes the physician who does his own thinking will be the rule instead of the exception. At present such men seem to be as rare, proportionately, in the medical profession as among laymen. I trust and hope that you will help to bring about such a revolution in the profession that doctors of the future will be the teachers and advisers of the well instead of the prescription writers for the sick.

Cordially yours. Otto Bobsien.

23 South Bond street, Mount Vernon, N. Y., Feb. 11.

MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. VIII NEW YORK, APRIL 1907 No. 4

To my esteemed readers:—On account of extreme pressure of other work I have found it impossible to devote to the present issue the necessary amount of time and labor and I am obliged to let it go out into the cold critical world practically without any editorial pages. I am sorry for you, dear readers, but then again, it may do you good to have once in a while a respite from my lucid and luculent lucubrations.

Labeling Pills and Tablets according to the Pure Food Law.

He who is responsible for the regulation that granules, pills, tablets, capsules and wafers be labelled according to contents *per ounce* and not according to contents of each individual granule, pill, etc., deserves the prize for asininity. Suppose you have a hundred or a thousand pills of acetanilid and codeine. The Pure Food Law does not want you to label them with the exact amount of each ingredient in each pill, but with the total amount of each ingredient in each *ounce* of pills. Of what earthly use that is to the physician, Allah only knows. What the physician (or the public) wants to know is how much each pill or tablet contains, so that he may know whether to prescribe one, two or three per dose. But red tape is always strangling the common sense of officialdom.

Dishonest Sanitaria and Private Hospitals.

I have been asked why I do not take up the subject of fraudulent and extortionate sanitaria and private hospitals, the advertisements of many of which appear even in the pages of the

J. A. M. A. I answer: Simply because I don't know enough about them. I never write about things of which I have no personal knowledge. I never make statements that I cannot stand behind. Mere hearsay is not sufficient. Give me demonstrable facts and it will not be long before such sanitaria will be exposed in these pages. For, a sanitarium which takes advantage of and robs its defenceless patients, is a thousand—ten thousand times worse than an "unethical" proprietary. And infinitely more care should be exercised in investigating a sanitarium than in examining a proprietary before admitting either into our advertising pages. While the damage of an unethical proprietary may be slight or problematical, the damage done by dishonest sanitaria, in unnecessarily prolonging the stay of their patients, etc., is incalculable. Give us facts, please, and we will do the rest.

The January issue of The California State Journal of Medicine contains 18 pages of reading matter, all told, and 40 pages of advertising. If a "private published-for-profit" journal did that, we would call it a kind of graft. No wonder that Jones can boast that the Journal is on a sound financial basis. I would suggest eliminating the reading matter altogether.

Dr. Cabot's Paper on Homeopathy and Regular Medicine.

It is strange how journals which will reprint some thrashy common-place article on the treatment, say of typhoid fever—an article which the author copied principally from the text-books—will fail to notice papers which deal with the very fundamental principles of medicine, papers which show thought, study and originality and which may prove epoch-making. Such a paper is that of Dr. Cabot, which we have read with pleasure and which we take pleasure in presenting to our readers in this issue.

The paper marks a step forward in that liberality, tolerance and broadmindedness in medicine which we have been preaching and for which we have been fighting these many years.

Homeopathic Doses.

Do you remember, brother, how we all used to laugh at the "crazy" homeopaths with their ludicrously small doses? We could not conceive that such infinitesimal quantities could produce any effect. But we ourselves are beginning to use pretty homeopathic doses of some things.

Trudeau, our great authority (practical, not a theoretical authority) is using tuberculin in the treatment of tuberculosis. But in what doses? He begins his treatment with 1/10,000 of a milligram and in febrile cases with 1/100,000 of a milligram. Now, 1/100,000 of a milligram is 1/6,000,000 of a grain and one-sixmillionth of a grain is, you will admit, a pretty small dose. And still, Trudeau claims good results. And he is a very careful and a very honest man.

The Recuperating Power of the Savage.

We referred in a former issue of THE CRITIC AND GUIDE to the fact that the savage or semi-civilized races bore wounds and injuries much better than we did. Here is another example. The case is reported by Dr. Leon T. LeWald in the *Military Surgeon* for March.

Antonio Caspi. aged 50, Filipino. Captain of Pulajanes. Shot four times at close range in a hand to hand encounter with an officer, and finally stunned by a blow on forehead with the end of a carbine in the hands of a member of the guard. All bullet wounds were caused by the firing of regulation Colt's Revolver loaded with regulation ammunition, caliber .38.

1st bullet entered chest near right nipple, passed upwards, backwards and outwards, perforated lung, and made its exit thru the back passing thru outer edge of right scapula.

2nd bullet entered chest near left nipple, perforated the lung and lodged in the back in subcutaneous tissues.

3rd bullet entered chest near left shoulder, passed downwards and backwards, perforated left lung, and lodged in the muscles of the back.

4th bullet entered palm of left hand, passed thru subcutaneous tissues, and made its exit thru the anterior surface of the forearm.

The man was given hospital treatment and turned over to the civil authorities, *cured,* at the expiration of twenty-eight days.

We hardly think that a member of the effete civilized races would have recovered so quickly, if at all.

Inert Drugs.

Inert drugs from botanical sources are serious matters which demand investigation. It is now claimed that difference of climate, soil, seasons, or methods of cultivation or harvesting, may exaggerate natural variations to such a degree as to eliminate the active principle, and that a preparation made from crude drugs may be strictly official and yet be inert and worthless. The charge is so disconcerting that it must be hoped it is grossly exaggerated. [No, it is not, Brother Gould.] One feels the very foundations slipping away if old tried standards are found to be delusive after all. It is a strange commentary upon the inexactness of therapeutics that such a statement could even be made. By all means let the charge be investigated and promptly denied if false. If it is even in part true, new standards of drugs are needed [they are] at once, whether they are official or not.—*American Medicine,* January, 1907.

Original and Leading Articles

Some Brief Notes on the Pharmacopeias of the Globe.

BY L. LODIAN, NEW YORK.

The publication of the revised edition of the American pharmacopeia renders timely some brief notes on the pharmacopeias of the world. In the library of the Smithsonian Institute will be found a complete collection of the globe's pharmacopeias of modern dates.

A 1000 YEAR OLD PHARMACOPEIA.

The first pharmacopeia known to history was published in the second half of the 9th century, at Bagdad, in the Asiatic region of the Euphrates and Tigris. It was called, vernacularly, *el-Krabadin* ('the sacred cure').

The *el-Krabadin* of the 9th century exists in folio among the arabic archives at Sevilla. A later edition, of the 13th century, was recently partly reproduced, almost in facsimile, in the *Deutsche Morgenland*, vol. 52.

AN ANCIENT CHINESE PHARMACOPEIA.

The oldest still-current pharmacopeia is that of China. It was issued—so far as we know—310 years ago. A translation of the date makes it 1596. It is possible there were issues hundreds of years before that even. However, this 16th century authentic copy consists of 40 thin octavo volumes, the first three of which contain woodcuts to the number of 1180, or more, illustrative of the minerals, plants and animals referred to in the text. The work is divided into 52 chapters, containing mention of about 1900 drugs and nearly 12,000 formulae. The names of drugs are accompanied by synonyms, and explanations of the origin, sound, and meaning of the terms. The source and description of the drug is then given, and mode of preparation for medicinal use. Then follows an account of the nature, properties, and therapeutic uses of the substance, and a test for formulae.

The name of this flowery-land pharmacopeia is almost "atrocious." It is *pun-tsaou-kang-muh*,—which, translated, means "a synopsis of ancient Chinese herbals." The author was one Le-she-chin. It claims to be a compendium of the most valuable knowledge contained in 39 previous publications on the materia medica, recording the observations of some 800 authors, together with much original matter. To us Americans, the illustrations are the only things followable in it.

In the classification, substances are arranged in 62 great classes, under the 16 orders: water, fire, earths, minerals and metals, herbs, grains and pulse, vegetables, fruits, trees, garments and utensils, insects, scaly animals, mailed and shelly creatures, birds, beasts, and man. Some 37 substances are given under the article on "man" as fit to administer as medicines to the sick—from human-fat for toilet-soap, as an emollient, to human excreta, urine, and powdered toe-nails.

The last edition of this centuries-old pharmacopeia appeared in 1826—about which time our own American "baby" pharmacopeia was in its first birth-struggles and process of revision.

KOREA.

A large number of abstracts from the pharmacopeia of this country were published by the author in *Merck's Archives* for August 1902. To our western mind, a more peculiarly-ridiculous collection of "remedies" it would be hard to conceive. This is believed to be the only insight into the materia medica of this queer country ever published to the western world.

RUSSIA AND SIBERIA.

The Russian pharmacopeia is official thruout slafdom, including Polonia and some of the Balkan states. It was first issued in 1865. It is printed in Russian—a formidable obstacle to grasping its contents. Still, one can slowly grope thru it, and at least understand what the paragraph is commenting on, by the wording of the names of the drugs, preparations, and formulae being in Latin. It is not difficult to perceive that the Russians have based their pharmacopeia largely on the French code, (the codex medicamentarius); also on the German book. The number of titles, excluding class titles, is 1004. Quantities are expressed in parts by weight. To all appearances, this is quite an able, serious work. You will find it thruout Siberia; altho many of the pharmacists there also keep on hand the French and Teutonic pharmacopeias. (For a short paper on the Profession of Pharmacy in Siberia, see *Druggists' Circular,* May 1901. For the Practice of Medicine, with Pharmacological Notes, in Siberia, see *Medical News,* 9, Aug., '02.)

GREECE.

The Greek pharmacopeia was first produced in 1837—almost 30 years in advance of its slow-going northern neighbor. It is printed in parallel columns of Latin and Greek (modern characters). As stated in the preface, one of the reasons for a special Greek fapmakopea—(previously the Paris codex and others were in force)—was to have "one uniform standard by which all pharmacists [in Greece] should be governed"; yet in various of the formulae some of the quantities are expressed in parts, others in grams, and yet other in ounces, drams and grains. In 'lifting' these formulae from the pharmacopeias of

other nations, the compilers did not even take the trouble to convert the diverse hybrid quantities into the simple metric system which is the standard of Greece, but lifted and reprinted them bodily without change. A pretty 'kettle of fish' of a "uniform standard" that! It was not known that the levantins possessed so much of the Irish sense of humor in them.

ITALY.

Farmacopea Ufficiale del Regno D'Italia.—A reunion into one work of about a dozen nondescript pharmacopeias, which prior to the formation of a united Italia, prevailed in the different Italian provinces.

SPAIN.

First conceived under the progressive regime of the king Joseph Bonaparte—the political disturbances caused by the British mercenaries in Iberia caused its date of publication to be delayed till 1817. Then it appeared as the *Farmakopea Iberikà*—changed in after years to *Farmacopea Española.* It is well printed thruout in the dulcet castilian, but contains more learned nonsense 'to the square inch' than any other pharmacopeia extant.

"In the preparations, the ancient disposition to polypharmacy appears more striking than in any other pharmacopeia. The number of ingredients introduced into many of the tinctures, emulsions, electuaries, plasters, etc., is beyond parallel elsewhere." One "emplastrum renarum simplex" has, for one of its ingredients, *ranas vivas* (*living frogs*) which, compounded with its ten [eight—EDITOR] other ingredients, must be very hard on the frogs. Another—an "electuarium theriacale magnum"—contains 75 [66—EDITOR] ingredients. This "terrible monstrosity" —also containing "vipers, prepared and dried with their guts" (viscera)—was formerly prepared in holy-inquisition days with "prayers and chants uttered over the different ingredients as they entered the pot," but whether the curative properties thereof were enhanced by these devotions is one of those "acutely complex psychological problems" which had better be left for solution to future generations of our university professors. No wonder the poorly paid Spanish *farmaceutico* finds his way, not to riches, but to the lunatic asylum. And probably one half of the ingredients of that "holy mess" of an "electuarium" are incompatibles—a word the average Iberian *boticario* wots not of, —while the other half are more than worthless: certain it is the whole thing is 'incompatible' with modern progress. Pity the victims of the experiment. But as the Spanish are largely faith-curists, possibly the "chants and prayers" over the compounding counteract the ill-effects!

España is the home of the silkworm-gut of surgery. Its manufacture, long guarded secret, was first published to the world in one of the summer issues of the old *Pharmaceutical*

Record (New York) of 1889. In later years another version appeared in the *International Journal of Surgery* (April 1894); and yet another in the *Pharmaceutical Era* (May 1894).

PORTUGAL.

Has its own *farmacopea*—last edition dated Lisbon, imprensa nacional, 1896; takes the place of the old "Codigo farmaceutico lusitano," first issued 1838. Spoken well of as a model *farmacopea* among Latin compendiums.

LATIN-AMERICA.

Argentina, Chile, Mexico, have their own *farmacopeas*, modeled after the French codex. Thruout the rest of Latin-America the Paris authority is accepted as official, even to the exclusion of the Madrid authority, which makes the Gallic work the most-used pharmacopeia on earth. However, the *farmacias* in the Republics usually possess copies of both works, and often other semi-public pharmacopeias. But from the far far south of Uruguay and Paraguay, thru Bolivia, Peru, Ecuador, Columbia and Venezuela, to the tropical central American republics, it is the French *codex* which obtains. And this includes the giant Republic of Brazil. Further, while Chile, Mexico, and Argentine have their own officially-accepted pharmacopeias, the Paris *codex* owns them very generally as a favorite.

TURKEY.

The Paris *Codex Medicamentarius* is officially prescribed thruout the Turkish empire in both Asia and Europe, including the sub-Turkish countries like Egypt, Crete, Tripoli, Morocco, the Sudan, Arabia, etc.

SWITZERLAND.

The Paris *Codex* prevails; also the *Pharmacopeia Helvetica*.

HUNGARY.

The *Pharmacopeia Hungarica* was first modeled during the short-lived Kossuth Republic in '48; Russia's dastardly and treacherous interference adjourned the work over 20 years, when it appeared in 1871, just as the Paris Commune was proclaimed. Its name is a 'gut-splitting' torture: Magyar Gyogyszerkony, printed at the Pesti Konyvuyomda Reszviny tarsulat. No wonder the Hungarian Republic failed! As if this pesty title weren't enuf, we are regaled with a supplementary title of "fugelek a magyar gyozyszerkonyrhoz. "O, Liberty! what spelling is committed in thy name!" And it only means,—"additions to the magyar pharmacopeia."

But there—it is greatly to the credit of the Magyar, or Hungarian apothecaries that they succeeded in their resolve to be independent, professionally, of the hated Austrian, and to have their own pharmacopeia. It is official and has the force of law thruout the dominions of the erstwhile Republic of Hungaria. No other subject-nation of a power ever succeeded in

establishing its own pharmacopeia in actual competition with and finally entirely 'downing' its powerful rival. True, Finland had its 'pharmacopeia fenica' but that was many years before the Russians had one of their own.

AUSTRIA.

The *Pharmacopeia Austriaca* first appeared in 1869, modeled after the French, German, British and other works.

GERMANY.

The oldest pharmacopeias in Europe were published by some of the petty Teutonic statelets. One appeared in Mannheim in 1746, another at Braunschweig in 1774, another at Frankfurt in 1791. Altogether, there were a dozen prevailing in Deutschland till 1867. In 1871 the single *Pharmacopoeia Germanica* was declared 'good' at a federal council, for the whole united nation. It is printed in the Latin characters—not the eye-soring Deutsch 'hieroglifics' which make the daily German newspaper rag so offensive to the cultured eye.

BRITAIN.

Formerly Ireland and Scotland had their pharmacopeias, but those countries lost their identity in 1864 on the first appearance of the united British pharmacopeia, rendered official for the whole nation by a national warrant, enacted by act of parliament. The general character of the British pharmacopeia is too well known in this country to need detailed explanation; its formulas and directions are given in full (for comparison with our own preparations of similar name and purpose) in those standard books of reference—the National and United States dispensatories—one or both of which are in the hands of every pharmacist and physician in the country.

Some old London 'pharmacopeias' of the 17th century (of course not official) are a 'caution' to peruse. Here we have the human feces, urine, stones from the bladders of the dead ('calculi'), rotted skulls from the cemeteries, et al. used for compounding for "al ye ils tu which flesh is heir."

HINDUSTAN.

The Pharmacopeia of India was first issued in 1868. "The student will find in this publication much information not easily, if at all, available from other sources," supplemented by the series of papers on the materia-medica of Indasia issued from the *Indian Lancet* press, 1894-5-6 et seq. For an account of the drug-calling among the Hindus, the reader may refer to the *American Druggist* index and file for 1895.

NETHERLANDS.

The *Pharmacopea Nerlandica* made its "first bow to the public" in 1851. In 1871 its title was changed to the *Nederlandsche Apothek* and it was printed at Sgravanhag by the

Tweed-Druk—just about the time the scraggy Tweed ring got its first 'ducking' in the Manhattan Tombs. There are about 700 titles.

BELGIUM.

The Brussels *'Pharmacopeia Belgica'* first appeared in 1823. Like the 'fifth wheel of the cart' there is little reason for its existence, with the superb *Codex* of old Lutège so handy.

SCANDINAVIA.

Denmark, Sweden, and Norway have each their *pharmacopeia,*—the latter semi-republic's work presenting the least number of official articles—to wit 479; the Danish having 651, and the Swedish 677.

FRANCE.

The Codex Medicamentarius: Pharmacopée Française. The law of 21 germinal, year xi, of the Republic (corresponding to April 11, 1803) decreed the being of the present Codex, but it took 15 years for it to appear—in 1818. Of the more than score pharmacopeias of the universe, it is the largest, containing over 2000 titles. Printed thruout in French, it is, like that language, used officially over more of this sphere's surface than any other similar work—from the greater part of Latin-America to the furthermost oriental confines of the faithful. The nearest approach the world has yet seen to a universal pharmacopeia.

The Codex differs materially from the other pharmacopeias both in manner and matter . . . The materia-medica list is seen to be exceptionally voluminous, at least half of the articles mentioned being found in no other pharmacopeia than the Codex.

——o——

Here endeth this necessarily brief treatise on the pharmacopeias of the globe, asbstracted from a dozen sources; also in goodly part from quite a wordy 'report on the pharmacopeias of all nations' by J. M. Flint, surgeon U. S. Navy, to which readers are referred for ample data, but which is probably unobtainable at this date.

Etiology of the Social Evil.

BY CHARLES CHASSAIGNAC, M.D., NEW ORLEANS.

When I speak of prostitution I do not limit the term simply to the avowed prostitute, but I include equally the clandestine prostitute. If we want to go back to the actual cause—the prime cause, as I understand it—of prostitution we need not go into the details, as these have already been touched on both directly and indirectly in the other papers, but can say, broadly, it is civilization.

Prostitution is just as old as civilization, and will continue to exist as long as there exists what we to-day claim and boast of as civilization. I apply that fact in three ways:

*Read before the A. M. A.

1. *Men, guided by the prevalent usages of civilization, either can not or will not marry when the natural sexual impulse has attained its proper force and calls for mating.*

While I agree entirely with the spirit of the resolution which has been passed here, that continence is not incompatible with health, still I do believe most firmly that the individual is not absolutely in his normal state when unable to copulate in a natural way, to a reasonable extent, nor can we expect him to submit ordinarily to constant repression of his natural impulses and desires, those which have been given him, after all, just as all his other functions have been bestowed on him. So, while I repeat, and I do not desire to be misunderstood, that continence is perfectly compatible with health, yet the individual is not at his best and is not living a perfectly natural, normal life if, after those instincts and functions have developed, he is unable or unwilling to indulge therein.

As long, consequently, as a man either can not or will not marry, owing to the demands that are made on him thru the usages of civilization, so long will a certain proportion of individuals infringe on the normal laws; and, unfortunately, just as long as the demand remains sufficiently pronounced the supply will be forthcoming for the violation.

2. *On account of the usages and necessities of civilization, when men marry, or women, too, taking "man" in the generic sense, they either can not or will not follow the laws of natural selection.*

They can not or will not be guided simply by their natural desires and inclinations, but marriages are made on one side or the other, or both, for other reasons. That is, the individual selects a partner whom he or she thinks useful or an aid in other ways than simply the higher relationship which should exist between man and wife. I do not mean simply the sexual relation, but true companionship, the higher point, of course, and sexual union for the procreation of children, which is, after all, what marriage should be.

But so many other things come into play that either the man alone, not having the companion that he should, strays off, or (unfortunately) frequently the woman, too, who for various reasons has married a man (let us put it perfectly plainly, as we have to in speaking of these things), say, who is too old for her, will, sooner or later (a certain proportion of them), find a younger and a more fitting companion; of course, after the first fall future ones are progressively easier.

3. *The unnatural sexual lives that are often lived, due to the usages of civilization.*

Either on one side or the other, if not on both, there is a desire to prevent or interfere with the natural result of married life; that is, conception, the procreation of children, and as long

as it becomes necessary for either one or the other, or both, to take steps to prevent this natural result I think we are leaving the door wide open to the stimulation of prostitution, because, especially with the male, those of us who have a large experience in the treatment of genito-urinary diseases can say, I have no doubt, without any hesitation, that if the male is unable for any length of time continuously to indulge in normal sexual intercourse, but has to fall back on a more or less unnatural process at home, the time will come when he will manage to indulge in the normal way somewhere else. This may be very sad, it may be all wrong (I am not discussing that point), but it is a fact; it comes sooner or later.—J. A. M. A.

How Far do Homeopathic and Other Physicians Agree, and How Can They Agree?*

By Richard C. Cabot, M.D., Boston, Mass.
Instructor of Medicine, Harvard University

A new generation has grown up since the bitterest controversies were waged between the two main sects of our profession in this country. With this growth has come the disappearance of some of the grounds of difference. Personal antagonism has largely disappeared. I suppose no homeopath now receives from members of our school any of the social avoidance or arrogant disdain which I am told used to be meted out by the past generation. We have learned that a group of homeopaths are very much like any other group of physicians. In your school, as in our school, there are some fools, some fanatics and some knaves, but in your school, as in ours, there are those who are intelligent, high-minded and eager for the truth wherever found.

We have begun to meet together for discussion both at the bedside and in scientific societies like this. We consult together and we study together. These are great gains attained by the growth of a spirit of tolerance and of truth-seeking on both sides. I shall not try to estimate which of the sects has changed most. I am quite prepared to believe that we have been more in the wrong than you, and that we have receded from the more false positions than you have. But I am concerned more with the result than with the stages and processes by which it was attained; more with the question of "Where are we now?" than with the route by which we have arrived here. I am not interested in inquiring who is to blame. If you say that we, the old school men, are greatly to blame, I will cheerfully admit it, and will search my conduct for evidence of injustice or prejudice still remaining—but my chief interest is with the present, not the past; with an attempt to get together now, rather than with an inquiry into the causes and delinquencies that kept us apart hitherto.

* Read before the Boston Homeopathic Medical Society, New England Medical Magazine.

I propose, therefore, to begin with a recapitulation of the points of agreement gained so far, and then to suggest some items of work and practice in which I hope we may agree still further.

I. We agree, first of all, in those fundamental sciences on which the practice of medicine is based—physics, chemistry, biology, anatomy and physiology, gross and microscopic, normal and pathological. This agreement is nothing new, but its consequences have not, I think, been fully recognized. For if we agree so far, we must also agree in all that can be strictly and legitimately deduced from the data of the fundamental sciences.

In so far as diagnosis, prognosis or treatment are strict and logical applications of the anatomic or physiologic facts of the case in hand, there can be no difference of opinion between our schools. "In so far," I say, and I am very well aware that is not very far. Still, some examples are obvious. Physical, chemic and biologic diagnosis, for example, are logical applications of the principles of physics, chemistry, biology, to the known data of anatomy and physiology. Hence it comes that on questions of physical, chemic and biologic diagnosis we all agree nowadays.

I do not know whether this agreement has always existed, but my impression is that diagnosis is one of the fields in which your schools and ours have been getting together more and more in the last ten years. This is a very great gain and presages still further agreements in the near future.

II. Surgery is another example of a branch of the physician's art which is based directly on anatomy and physiology. Because the facts of anatomy and physiology are facts for us all alike—we can and do agree on surgery . This, again, is especially true of late years and in this country. I find in some books by English homeopathic writers a spirit of hostility to surgery quite foreign to the attitude of members of your society in this vicinity, and I am told that homeopaths are havng their cases of appendicitis with abscess operated on earlier nowadays than was the custom ten years ago.

III. Hygiene and prophylaxis exemplify still further the extension of our basis of agreement as we apply further and further the principles of the fundamental sciences which all educated physicians alike acknowledge to-day. Hygiene and prophylaxis are simply the applications of bacteriology and physiology to the problem of keeping well. The isolation of infectious disease, the destruction of the excreta of the typhoid and the sputa of the tuberculous patient are typical of the many important measures for protecting the public health in which there is no longer any disagreement between us. Dietetics, physical exercise and the full use of our neglected birthright—fresh air—are taught and practiced by both schools alike, because they are deductions from the data of physiology.

Whenever the treatment of a disease consists essentially in diet and good hygiene—as for example in phthisis—we find no considerable difference in the practice of homeopaths and old school physicians.

IV. Wherever asepsis or antisepsis is demanded, there is no difference between us. Surgeons differ, of course, as to the value of particular methods of sterilizing hands, instruments, dressings, and the field of operation, but there is no distinctive old school view or homeopathic view in such matters.

So it is in diseased conditions where local treatment is indicated. Local diseases of the skin, of the mouth, and upper respiratory passages, of the uretha, bladder, rectum and female genitals, are treated, I take it, by both schools on the same essential principles.

Whenever chemical or physiological antidotes are demanded, as, for example, in poisoning cases and in the neutralization of acid by alkali, we find all well educated physicians of both schools in substantial agreement.

Mechanical therapeutics includes surgery, the application of orthopedic and other forms of apparatus, massage, manipulation, vibration, exercise, active and passive; do we not wholly agree in this branch of treatment?

I do not know whether Bier's method of treating joint diseases by the production of active hyperemia thru heat, or of passive hyperemia by bandaging, is properly to be described as homeopathic or not, it is, I suppose, as acceptable to us all, because it rests on biology and physics, not on pharmacology.

Heat, cold, counter-irritation, electricity, are applied by both schools alike. Radiotherapeutics is, I believe, considered a striking example of the homeopathic principle. If so, it shows the sprouting of homeopathic methods within the old school.

My impression is that hydrotherapeutics and conscious psychotherapeutics are used more extensively by our school than by yours, but this indicates no difference in principle between us—for the good offices of water and mental influence are not the property of any school, and all physicians are sure to avail themselves sooner or later of any usefulness that there is in these methods.

The beneficial effects of good nursing are not subjects for controversy, and I suppose that outside the giving of medicine there is no difference between a homeopathic and an old school nurse.

There remain two types of therapeutics regarding the homeopathic view of which I must ask you to enlighten me—I allude to vaccination and to serum therapeutics. There are men in both schools who refuse to vaccinate or to give antitoxin in diphtheria.

Are such persons relatively more numerous with you than they are with us? I must ask you to answer the question for me,

but, however this mathematic problem may be settled, it seems to be the fact that there is no orthodox opinion among homeopaths against the use of vaccination and antitoxic sera.

The use of tuberculin is a form of vaccination which illustrates better than any example known to me the approval of homeopathic principles in our school. Tuberculin is, of course, not an antitoxin, but a toxin, and its therapeutic use is a form of vaccination. The poison of tuberculosis which can produce some of the symptoms of tuberculosis is here applied in small doses for the cure of tuberculosis thru the production of immunity, or resisting power in the tissues. Surely, this is a case of "similia similibus curantur," as homeopathic writers have pointed out. The use of bacterial vaccination in infectious diseases recently produced by A. E. Wright is distinctly homeopathic.

But the revival of tuberculin therapy within the past ten years (after its abandonment in 1890) illustrates the victory of another homeopathic doctrine within our school. I mean the doctrine of the occasional utility of very minute doses. No one in this country has had so much experience with tuberculosis as Trudeau, of Saranac Lake. No one has tested so critically and cautiously the merits and demerits of this remedy. As a result of his fifteen years' experience of its use he published last August an account of his own methods, and in a recent letter to my friend, Dr. John B. Hawes, Jr., he has amplified and reiterated his statements in a most interesting way.

What does he use? Not the 10 milligrams often employed in the early nineties—not even the 1 milligram or ½ milligram recommended later. At present he begins his treatment in afebrile cases with 1-10,000th of a milligram and in febrile cases with a 1-100,000th of a milligram. This 1-100,000th of milligram, when injected under the skin in a centimetre of water and absorbed into the circulation becomes diluted about 5,000,000 times by the body fluids. Hence we imagine the original milligram of tuberculin acts in a dilution of 1-500,000,000,000. What fixes this dose? Precisely the homeopathic principle, namely, to produce a definite good effect without any observable ill effects.

Of course I do not mean to imply that we have already reached an agreement as to the proper dosage of all, or even of very many remedies. But we have now observed the occasional utility of very minute doses, and you have long since admitted the occasional benefit of very sizable doses; in principle, therefore, we already agree. It remains to work out the multitudinous details of the application of these principles.

We sometimes follow the maxim, "Similia similibus curantur," but not often. You sometimes follow it, but not always. We strike at the cause of the disease and remove it whenever we can find that cause. So do you whenever you are convinced that it is a cause, as with intestinal worms, or head lice. Those of you

who are convinced that quinine kills the malarial parasite in the blood just as a vermifuge kills an intestinal parasite in the gut, use quinine for malaria, just as we do.

We have come round to your minute doses in some cases, and there is no knowing how much further we may go. You, on the other hand, are not tied down to minute doses, but are quite ready to use larger doses when better effects are obtained thereby.

V. *The Single Remedy.*—Let us now turn to another cardinal tenet of homeopathy—the single remedy. There we must frankly confess that old school practice has come much nearer to homeopathic usage within the last ten years. We, many of us, use but one drug at a time. "Drug" is never synonymous with remedy in our terminology, and so we should rather say that we often see several remedies, e. g., regulations of the diet, fresh air, exercise, hydrotherapy and mindcure all at once, but with these remedies we prefer to combine not more than one drug—sometimes less. When I turn to some of the older books on therapeutics, some still used in our school, and see how the frail human stomach is expected to bear not only the drug but an adjuvant, a corrective, a flavor and perhaps more ingredients, I rejoice that we no longer practice what some of our text-boooks still preach.

There is not longer any ground for discussion between us as to the advisability of giving but one drug at a time. I think there is no longer any considerable difference between the practice of the two schools in this respect and in consultation with seven of your body, Drs. Sutherland, Batchelder, Rockwell, Moore, Carvill, Everett Jones and Hubbell, I have found entire agreement as to the advisability, in special cases, of giving several drugs alternately to the same patient.

Not long ago a meeting of this kind would be sure to attempt a discussion of the belief that homeopaths treat symptoms while old school practitioners treat the cause of the disease or the diseased organ itself. But in our time this, like so many other grounds of controversy, has vanished.

You and we alike treat the cause of disease whenever we can find it (which, alas! is not very often).

You and we alike extirpate a diseased organ by surgical interference when the symptoms appear to make such action advisable.

You and we alike are often unable to locate the cause of disease, or even the diseased organ, and then you and we alike fall back upon the treatment of symptoms. None of us wants to treat symptoms if we can remove their cause. All of us are forced to treat symptoms when we can't find or can't remove their cause—as is the case in the great majority of cases seen by any general practitioner. Sometimes we treat the totality of symptoms—that is, in our language, the evidences of disturbed func-

tions, when we recognize them, as for example, the dropsy, dispnea, cough, palpitation, insomnia, nausea, oliguria and pain produced by passive congestion in uncompensated cardiac disease. Sometimes we are forced to treat a single symptom, like headache, because we can't connect it with any other symptoms or with disease of any organ.

We are all in the same box here and there is nothing to discuss.

VI. *A Law of Therapeutics.*—It has been perfectly just to charge our school in the past with the absence of any principle of or law in therapeutics, and to contrast the order and system of homeopathic treatment with the helter skelter ominum gatherum of merely empirical methods. But the contrast is no longer just. Homeopathy has a well-defined law which has been established (like all laws) empirically, and is constantly and properly being subjected to re-verification thru careful experiments. We also have at last, after much groping and long years of work, obtained a law of therapeutics, a principle of therapeutic effort—namely the principle of immunity—natural and acquired, and of the means by which it may be attained, augmented, protected.

To increase the power of the organism to resist disease is the aim of our diet-therapy, our hydrotherapy, our mechanical and surgical therapy, our mind cure, our rest cure, and work cure, our climatic and hygienic efforts, and of all the most satisfactory part of our drug-therapy. That this law is as wide as the law of similars, I think you will agree with me, for tho it does not cover all our pharmacology it does extend over the other fields of our therapeutics where food, water, light, air, exercise, mind cure and even much of surgery find their place.

Your principle does not yet apply to all cases. Neither does ours. Your principle is empirically built up and empirically verified; so is ours. We are not bound by our principle, nor by yours, but in both schools the principle guides research and stimulates discovery, which is the true function of a principle.

Our views of the founder of homeopathy are far less divergent from yours than they were fifty years ago. We recognize now that in his day and generation he stood for a great and beneficent reform in medicine. The "gentle action" of homeopathic remedies and the "high regard for the unaided powers of nature" which is characteristic of homeopathy are in refreshing contrast with the violent and obviously harmful methods of old school practice in Hahnemann's day. Had we lived in that age how fortunate would any one of us have been who fell into Hahnemann's hands and so escaped being bled, purged, puked, sweated and salivated, as was then the custom of our school. All this we now recognize. On the other hand, homeopaths no longer feel bound to defend everything in Hahnemann's system, and generally recognize that in many respects the science of medicine has not stood still since he died.

Do I then think that there is entire agreement between our schools? Not at all. We have come far toward you and you far toward us. Which has gone the further I do not know or care, but we are still far apart in a portion of our pharmacology and my purpose in the remainder of this paper is to indicate certain ways by which, I think, we can come nearer still.

First of all, one thing is certain. There must be concessions on both sides—not only on your side, if we are to get together. We must admit that we have been wrong in the past and probably are still wrong in many points. We have certainly been wrong—some of us—in our prejudices against homeopaths, in blaming all homeopaths for the faults of a few. I confessed to you a year ago how much surprised I was to find that there were homeopaths both honest and intelligent. Well, there are still a good many of our school who have not made the discovery, and it is high time that they should. I suppose there are also in your body some who find it hard to believe that we of our school are not all arrogant and prejudiced.

VII. *Some of Our Mistakes.*—We have been wrong in the past in refusing to consult with homeopaths and to join with them in state and national societies. But we have seen and admitted our wrong and are doing our best to get together with you wherever you will meet us now.

We have been wrong and irritating in arrogating to ourselves the term of "regular" as opposed to homeopathic. You have been kind enough to spare us more and more of late that ridiculous term "allopath," and to call us by the neutral name of "old school." This is by no means a perfect designation for an up-to-date profession which in therapeutics has largely repudiated its past and now agrees with you in everything else. Still, in the interests of harmony I think we should sacrifice something, and no one can help recognizing the arrogance of the term "regular."

We have been wrong in saying and believing, as we often have, that there are no real homeopathists nowadays, none that really take Hahnemann's doctrine of similiars seriously. One of the things that has most impressed me in my friendly and pleasant contact with homeopaths during the past year has been the studious care with which my friends in your school endeavor to select remedies according to the law of similars, and the unfeigned confidence which (in certain cases) they place in these remedies.

We have been wrong in not admitting more candidly the bearing of certain well-known facts of pharmacology on the issue between our school and yours. The use of digitalis in relatively small doses to relieve symptoms similar to those of its overdose, the partial similarity between the symptoms of scarlet fever and those of belladonna poisoning, the supposed value of ipecac in controlling nausea (still stated in our text-books, tho most of us

fail to obtain any such effects) the fact that you can produce some (by no means all) of the symptoms of malaria by large doses of quinine and some lesions like those of syphilis by overdosing with mercury, that nitro-glycerine will often produce and sometimes cure a headache—all these are facts which we should realize and whose significance we should study as far as we can.

We have been wrong in experimenting so little as we have with homeopathic remedies. The whole question for us should be, do they work? Not long ago I suggested during a consultation that it would be well to try 1-25 of a grain of calomel in repeated doses for a toxic diarrhea in an old lady. The attending physician was horror-stricken. "Why, that's homeopathy," he said. "Well," I said, "it was suggested to me by an old school physician, one of the best-known men in this country, and he learned it from his father, who was a homeopath. Let's try it, anyway."

So we did try it, and excellent were the results.

We ought to be as free in using your remedies as you are in using ours, and in acknowledging publicly the good or the harm that results.

VIII. *Some of Your Mistakes.*—Now, after these confessions, I hope I shall not seem arrogant when I venture to suggest certain changes for you; changes that might operate to remove sources of misunderstanding and irritation between our school and yours. I will begin with some trifling matters of nomenclature which yet have their importance as causes of friction.

I think you homeopaths are somewhat too tenacious in your hold on roots and stems—not in the botanical but in the linguistic sense.

(a) The German word "Prüfung" is a good word, but its proper translation is not "proving," but testing or experimenting. Proof in ordinary English means something very different from experimentation. When you speak of proving this or that, the impression naturally conveyed is that you are demonstrating what is already true, as one does in geometry; whereas in medicine your effort is an open-minded search to find out what the truth is. The lawyer who can and will prove anything is justly called a liar, but if proof meant only test, the readiness to prove all things (as in the Scriptural usage no longer current) is most praiseworthy.

I should suggest, then, that you no longer hold yourselves aloof from common usage, and translate in future the word "prüfung" as the rest of the world translates it, namely, as testing. Thus you will sound more open-minded and less dogmatic.

(b) The Latin word "Cura" is not to be translated as cure, but as care. Of course you all know that as well as I, but I can-

not help thinking that misunderstandings have arisen in the past because you have spoken of curing disease with a drug, when you have realized as well as we do that nature does the larger part of the work, assisted more or less by our drugs and other remedial measures.

To us, and I think to the public in general, a drug that cures a disease is a specific, yet I take it that Dr. J. H. Clark properly states your position when he says ("Homeopathy Explained," p. 149): "In homeopathy we have, as I have shown over and over again, no specific for diseases." You cure diseases as little as the rest of us. You take care of the patient and promote his recovery by drugs and other measures. It sounds arrogant to say, as homeopathists sometimes do, that the old school palliates while homeopathy cures. It is, I believe, an overfondness for stems and roots that has led to this misunderstanding. Let us use the word "cure" only when we believe that we have a demonstrable specific for a disease, as we think we have in quinine and iphtheria antitoxin.

(c) In naming drugs let us keep as close as we can to current usage outside the profession and cease to hold ourselves aloof. Let us call a spade a spade; let us call corrosive sublimate by its christian name rather than by the stumps of two names like merc. corr.; when we mean charcoal, let us not call it carbo.; when we mean sulphur and oyster shells, let us say so rather than cling to that curious relic "hepar sulph." When one means lime, why should one say calcarea?

Now, I am quite aware that many of our own school are doing the same thing when they write their prescriptions in barbarous medieval Latin, or speak of nitro-glycerine as glonoin. But it is, I think, a mistake in all cases.

(d) Finally, I think, it would conduce to clearness in discussion, if both parties would be careful not to limit therapeutics, to drug therapeutics, for that accents unduly the differences between our schools. We agree not only in the diagnosis, prognosis and course of disease, but in the whole of therapeutics outside of drug therapeutics itself. One of our chief grounds of difference, and one not always appreciated by homeopaths, is in the relative importance of drug therapy as compared with other forms of treatment. The best men of our school to-day use far less medicine, I should judge—even in actual bulk—than you do. The chief issue between us is not between homeopathic drugging and old school drugging, but between the old school physician with very little emphasis on drugs and very much on hygiene, dietetics, mechanical, physical and psychic therapy, and the homeopath who adds to a certain belief in these remedial agents a much larger belief in drugs. I doubt if you gentlemen realize how large a proportion of our patients are treated without any drugs at all, and how little faith we have to-day in the curative power of drugs. I

think most men of our schools to-day would say that the only diseases really cured by drugs are malaria, diphtheria, myxedema and those due to intestinal parasites.

Gentlemen, we want the truth, all of it that we can get hold of. So do you. Two ships that steer for the same port are sure to come together sooner or later, no matter how far apart they may be on the ocean. If we keep ourselves in this mind, if we are fair and honest and not uncharitable, we shall pool our knowledge some day and abolish sectarianism in medicine. I hope and pray that this consummation may come in our lifetime. Whether it does or does not depends largely upon us—our earnestness, our honesty and our good will.

The Influence of Food in the Promotion of Health and in the Production of Disease.*

By John L. Heffron, A.M., M.D., Syracuse, N. Y.

Professor of Clinical Medicine, Syracuse University.

The question of the proper diet of mankind is still an open one. It has engaged the attention of philosophers since the dawn of civilivation. In modern times it has been discussed by all sorts and conditions of men from Pope Leo to "Mr. Dooley." It has become a fad. Every one who has conceived that he had an original idea on the subject has sought and obtained some sort of recognition and has gathered about himself a company of disciples. By one we are told that we eat too much, by another that we eat too little. By some we are adjured to eat less often and particularly to abstain from breakfast, by others to eat more frequently and to imitate the habits of Europeans in this particular. Meat is inveighed against by many, who give a formidable array of arguments, both humanitarian and scientific, to support their contentions, while just as many still commend the consumption of meats and adduce equally powerful arguments in favor of this view. By most, cooking is considered essential to to the proper preparation of most food stuffs for human digestion, while others insist that only raw foods should be used, and reap a harvest of vulgar dollars in teaching their disciples how to make appetizing raw vegetables.

While all these notions are popularly discussed, a body of earnest devotees of pure science have ever been working at the problem and from time to time have given the results of their labors for the benefit of all. Necessity, then habit, then false ideas of luxury are responsible for the present mode of living into which we have drifted.

But there is no longer need for groping in ignorance for the truth in the matter of dietetics. Experience has taught much, but

* Read before the Graduating Class of St. Luke's Hospital and their friends on St. Luke's Day, 1906, in Utica, N. Y.

it is not the only teacher. By observation, the dietaries of all the nations of the globe for every class of people have been recorded and can be reviewed. By analysis, the value of every substance used for the food of man has been ascertained in the laboratories of scientists of all countries and the records are accessible to every student. By experimentation the relative values of the various classes of food products have been determined. By long continued and painstaking observations of the relation of food to the necessities of man under varying conditions of rest and work, the ideal combination of the various classes of foods and the requisite amounts of each is being worked out.

On this last aspect of the problem there is not yet perfect accord, and further observations extending over a long period of time will be necessary before it can be definitely decided.

Let us review some of the results attained. A dietary conducive to health must contain the elements necessary to build up and repair the tissues of the body and furnish means for the manifestation of its energies. By a knowledge of the substances used as food by man and their analysis, all foods are grouped into five classes—water, mineral salts, proteids, fats and carbohydrates. Water is recognized as a prime necessity, and must be taken in quantities totalling about five pints per day. It makes up from 30 per cent. to 90 per cent. of the solids consumed. The mineral salts are found in sufficient proportions in all of the classes of foods taken. The proteids are the albuminous elements necessary for nutrition, and are represented by the albumin of meats—of eggs—the casein of milk and the gluten of cereals, legumins and fruits. They are sometimes designated as the nitrogenous element of food, because they all contain nitrogen and none of the others do. The fats, from either animal or vegetable sources, are essential for the production of heat and the manifestation of work. The carbohydrates include the extensive group of vegetables and fruits, and are characterized by the presence of either starch or sugar or both. They make up the largest class of foods and are essential for the maintenance of body heat and the manifestation of physical energy.

Many food substances contain the essential food elements combined—e. g. milk— which contains them all; eggs, which lack only sugar or starch; meat, which contains water, salt, albumin and fat; the grains, which contain all the elements, but in which starch predominates.

To determine the value of the three classes of food, a food unit has been established. This unit is called a calorie, and represents the amount of heat developed by the combustion of enough of any food substance to raise the temperature of a c. c. of water one degree C.

In this way it has been determined that 1 gram of proteid yields 4.1 calories, 1 gram of carbohydrates yields the same amount of food units, while 1 gram of fat yields 9.3 calories.

By a study of the dietaries of man as they are at present, without any attempt whatever to regulate them, it is observed that the total food consumed by a single individual gives an average of 2,000 calories for a man at rest, 3,000 for professional men whose diets have been observed, and as high as 4,000 or even 5,000 for those employed in laborious work out of doors and eating all they crave.

The 2,000 units for mere subsistence were contributed by 75 grams of proteid, 40 grams of fat and 325 grams of carbohydrates. In the diet representing a food value of 3,000 to 5,000 units the proteids were increased to 110 to 160 grams, the fats to 100 or more and the carbohydrates proportionately greater.

Time will not permit, if your patience would allow, further details of this kind. But a review of these fundamental facts is essential for an intelligent consideration of the practical questions that confront us.

In these summaries, from an enormous number of observations in all climates and under all conditions, it has been assumed that they represented the needs of men simply because men consumed so much food under such conditions. But no such conclusions are warranted. Many of you may illustrate in your own experience the fact that perfect health and vigor of body and mind can be maintained on far less food than these tables represent. No public man whose life has terminated within our own generation was a more marked example of the maintenance of health and the keenest intellectual ability to a very great age on a very limited diet than the late Pope Leo. The experiments of Professor Chittenden have contributed a remarkable chapter upon this aspect of the food question and one of permanent value.

There are certain broad principles upon which all can agree.

To maintain health, a mature man or woman needs just enough food to repair waste and to supply energy and body heat. A growing boy or girl must have this, and enough more to build up his increasing body. In either case, the consumption of more food than is necessary for these purposes entails extra and unnecessary work for the digestive organs, and puts an unwarranted tax upon the organs of elimination. An excess of fats and carbohydrates is liable to upset digestion, but it is possible for them to be digested and stored up in the form of fat and sugar and, up to a certain point, constitute simply an inconvenience. An excess of proteids is usually more harmful, because they cannot be sufficiently elaborated to permit of complete elimination, and they saturate the body with deleterious waste products that are irritating to delicate structures.

Because as children and growing boys we actually need more food, and because in the period of athletic activity we have such a keen appetite, we contract a habit of eating more than we can comfortably dispose of. Our table habits in the family are a mat-

ter of inheritance, and because our active ancestors have dined at "groaning boards" we keep up the habit. Furthermore, there is an old legend that the first woman conquered the first man by appealing to his palate. It's the same old story of the Garden of Eden in most homes to-day—"The woman tempted me and I did eat." The phrase "such as mother used to make" is so familiar that it is good business to make it a trade mark. Food is made so palatable by the art of the cook that we forget that there is any other purpose of food than to tickle the palate. Because meats are so tasty they are consumed in great excess. Look over the menu of any first-class dinner. It is composed, from the soup to the cheese, of articles mostly from the class of proteids, each presenting some delicate appeal to the palate so gratifying that we yield to its atractions without thought. After eating what is considered the hearty part of the dinner, the pastries and confections make another sensuous appeal and tempt one to further excess.

When we stop to think of the absurdities and the wastefulness of the average American table we are appalled. We do not need any argument to prove that we overeat. We know it and realize it too late nearly every day. But, tho our minds are convinced, the very next time that we sit at the table furnished as of old with too many dishes and too much of each, the old habit asserts itself, and in real forgetfulness, even absentmindedness, we eat again until we feel that distention of the stomach to which we have been accustomed and which to the average man is the only sign of having had enough.

It is impossible to lay down hard and fast rules concerning what to eat and how much to eat that will apply to all. Constitutions vary, activities vary, the temperatures under which work must be done vary, and all are factors of importance in the solution of the individual problem. To promote the highest degree of health and physical vigor, each individual must make a personal experiment, under proper supervision, to determine on how little food he can maintain his energies at their highest degree of effectiveness.

Let us quote some of Professor Chittenden's conclusions. You will remember that he experimented with a group of college professors, another of college athletes, and a detail of thirty regular soldiers for many months to determine the lowest proteid ration compatible with full health and vigor. He says in his summary: "Young, vigorous men, can satisfy all the true physiologic needs of their bodies and maintain their physical strength and vigor, as well as their capacity for mental work, with an amount of proteid food equal to one-half or one-third that ordinarily consumed by men of this stamp." And again: "The total consumption of food by the average individual, non-nitrogenous as well as nitrogenous, is considerably greater than the real needs of the body of the man." The only argument I have heard against

this conclusion is that the athletes and soldiers returned to their "flesh-pots" as soon as they were released from the experiment. But that is not convincing argument. It is rather evidence of the force of habit. It is like an echo from Jack London's "The Call of the Wild." It gives assurance that the race of man can yet proceed far before he will have attained his highest possibilities.

The palate of man is the most over-cultivated organ he possesses. Hot-houses, cold storage, rapid means of communication have gathered together the ends of the earth, so that any substance which will give an unusual sensation to the palate can be had for the asking in any city of the world. How many know the really exquisite flavor of stale bread? How many have experienced the delights of properly cooked vegetables? The Germans—yes—but few besides. It is not desirable to offend the palate, but we can simplify our tastes to the advantage of our health. Under such conditions the appetite may become a safe guide.

To promote health, a reform must emanate from the kitchen. But it will not be a modern kitchen, presided over by one ignorant of food elements and food values, and intrusted to those skilled only in eliciting delectable flavors. The kitchen of the future will be a scientific laboratory, in which a well-balanced meal can be so prepared as to fully satisfy the needs of the body and gratify the palate without tempting one to excesses.

Without attempting a consideration of the many practical questions incident to this presentation of the general principles of the relation of food to the promotion of health, we must turn to the second proposition, the relation of food to the production of disease. This subject is so vast that only a few of its aspects can be outlined.

Imperfect mastication is the first potent factor in the production of disease. It is asserted by high authority that the process of chewing taught early to children and kept up would so strengthen the jaws and enlarge the posterior cavities of the mouth and nose that enlarged tonsils and adenoids would be unknown. Our pap-fed race is inferior in this respect to those who have had the necessity of gnawing bones and milling their own grains with their teeth.

The habit of swallowing food so soon as it can be gotten or washed down the gullet, introduces into the stomach undivided masses that must be thrown back and forth by the muscles of the stomach with great and unnecessary labor until it is either made soluble, or, failing that, is passed on into the intestines and gotten rid of as a putrifying and dangerous mass of waste matter. Such a method of eating constantly irritates the stomach and changes the composition of its normal digestive juices. The secretions of the mouth are digestive to starch, and from their alkaline reaction stimulate the secretions of the acid digestive juices of the

stomach. The thoro insalivation of food is as necessary for perfect digestion as is the action of the other digestive secretions in stomach and intestines. The stomach has no teeth and resents the introduction into it of unmasticated food. It expresses its resentment in many forms of indigestion, in gastric catarrh, ulcer of the stomach, simple occlusion of the outlet of the stomach, and, possibly, even in cancer of that organ. Proper food, properly masticated, taken in proper amounts would eliminate this whole category from the ills of man.

A dietary improperly balanced, or insufficient for the demands of the growing child, is often alone responsible for catarrh, rickets, scurvy, imperfect development and many of the deforming diseases of childhood.

Carelessness in the supervision of food stuffs permits the introduction into the body of many of the diseases of parasitic and of microbic origin. All intestinal worms, trichina and the parasites that infect the blood are developed from their eggs swallowed in uncooked foods, either animal or vegetable. Thru infected water the typhoid fever bacilli most frequently gain access to the body, while cholera, summer diarrheas, dysentery and occasionally tuberculosis are developed from infected foods, improperly prepared for consumption.

The waste from excessive consumption of food undergoing changes in the intestines, produces a poison that can profoundly affect and even endanger life. Almost the whole category of ills that manifest themselves in joints, muscles and nerves that are commonly called rheumatism and gout are directly traceable to the improper diet of the individual sufferer or of a long line of self-indulging ancestors. Bright's disease is as often caused by intemperate use of meats as it is by the abuse of alcohol. The same is true of the chronic disease of the liver, of the arteries, of the nerves, of the skin and of the mucous membranes.

This isn't a pleasant picture to present to a mixed audience, but it is not overdrawn. These are the problems which are daily presented in the consulting room of every physician of large practice. The therapeutics of food is one of the most important subjects which the wise physician must understand fully.

The knowledge of the component elements of food, of food values and of the most scientific and pleasurable methods of preparing food for the invalid must be attained by every trained nurse. In the present unsatisfactory conditions of domestic economy, the physician must be able to depend with full confidence upon the ability of the nurse to superintend the preparation of an adequate dietary, and, failing skilled help in the kitchen, upon the ability and the willingness of the nurse to do it herself. It is no menial task; it should be looked upon as an accomplishment of the highest value.

In these few minutes two phases of a subject of the greatest importance have been most superficially reviewed. If it shall serve to stimulate your interest in the further and deeper study of this problem, the time will not have been misspent.—*Diet. Gazette.*

Sexual Education.

By H. C. Buck, M. D. Friars Point, Miss.

To one that notes the trend of human affairs and the spirit of reform and advancement that is gaining ground each day, it is certainly very gratifying to note that the subject of the proper education of the boy and girl sexually is occupying the attention of very many prominent members of the medical profession, as well as that of moral and Christian men and women in other walks in life. The question is, shall the boys and girls be taught the nature and functions of their sexual organs by parents, or those properly related, or shall they continue to grow up in ignorance of these matters or, if knowledge is obtained, get it from vicious sources and surroundings that are but too often the first step in a life of shame and misery? A writer of ancient history says, "In ancient Germany boys and girls bathed together naked, even when fifteen years of age, and were not ashamed." Such a state of affairs may have existed in *ancient* Germany, I doubt if the same can be said of *modern* Germany, and I feel sure if "Young America" were so situated, bathing would be a matter of secondary consideration, if considered at all. This is evident to all who read. Dr. Wm. Lee Howard, J.A.M.A., in an article "Protection of the Innocents," mentions four cases of pregnancy in girls ranging in age from fourteen to seventeen years. A writer says, "Innocence and ignorance in regard to vice is no safeguard to a young man or woman in this age when it is so evident on every hand, and no fond parent need flatter himself that his pure girl or boy will not sooner or later become subjected to improper conversation and influences." In Dr. Howard's article mentioned above, he says: "As puberty silently and insidiously arouses the girl to introspection, as vague and sometimes uncontrollable sexual desire forces her along a trail of autoerotic queries, she seeks in vain for truths which she scarce dares own to herself that she was conscious of or understood. Innocent of any wrong feeling, her soft, sweet and womanly emotions are ignored by her mother, her teacher and her married sisters, and either thru harmful floundering in her development or more often thru the baneful tales of a sexual neurotic, she learns that every living man and beast is the product of sexual gratification. This knowledge coming to her thru muddy and contaminated channels, cannot but defile her thoughts, and she goes out into the world without realizing the great truth that *sexual* gratification is not *sensual* gratification." The question has been asked, "Does not knowledge of

the nature and functions of the sexual organs tend toward making a girl less modest, or is not such knowledge a shock to her modesty?" I claim this depends wholly upon the source of such knowledge and the manner in which it is obtained. A writer on this subject says a mother told him that when her daughter asked her questions she answered them in the spirit that such instructions should be given; he says, "This girl, after receiving a straight-forward answer from her mother, kissed her and said, "Mother, I am part of you." Who can say this girl was injured by this knowledge obtained from such a source; did not this mother in thus instructing her daughter erect around her a "stone wall" of protection, for what lessons or impressions are more lasting or more beneficial to man or woman than are those received from mother? The very word *mother* seems to carry with it a halo of love and protection. Again Dr. Howard says: "There are thousands of girls in the upper and middle classes who, while not innocent, are ignorant of the primal laws of nature, many have tried to get the information their adolescent longings crave, many have striven to seek out the mystery after having been snubbed or denied by their mother; if the opportune moment arrives, and it generally does, the girl falls into the salacious seductiveness of some vicious-minded woman, the seeds of false sexual education are sown, and their spumy growth forever crowds out the tender tie between mother and daughter." Kraft-Ebing in his work, "Psycopathia Sexualis," gives very many cases illustrating the different kinds of sexual pervert and in the history of a large percentage of these the beginning is traced to the tender years of childhood, almost babyhood, where the boy or girl first learned sexuality under the tutorage of the nurse; occasionally the teacher was a "lady" of rank and wealth, in nearly every case the tutor was a female, and whoever was the teacher, the seed was sown and a life ruined. That the maternal instinct, or the feeling of motherhood is a natural attribute of a girl and is born in them, is evidenced by the care and maternal love the little mother bestows on her doll. Why should not this feeling be explained to the girl, and she be taught the beauty and grave responsibilities of motherhood, while she is at the same time impressed with the beauty and importance of virtue and chastity, as well as instructed and warned regarding the misery and shame of those who lose these beautiful characteristics. We all know the question of sexual matters is looked upon by most men and women as being "unclean," and one that should not be discussed, hence nearly all mothers avoid the subject and allow their children, especially their girls, to grow to manhood and womanhood in absolute ignorance of their sexual nature, at least as far as any information they give them is concerned, and yet there are very few parents that do not recognize the necessity and importance of instructing their children regarding the functions of the bowels and

bladder. Is it not fully as important to instruct them in the nature and functions of their sexual organs? The knowledge of the one affects their physical well-being alone, the knowledge of the other affects the mental, moral and physical well-being, and may save them a life of shame and misery. While we teach them along sexual lines, we can at the same time teach them the necessity, as well as the beauty and holiness of modesty, virtue and chastity. The crowning work of the great Creator is a modest chaste woman. A writer says, "to leave a child to find out the secrets of his (or her) sexual nature unaided is the gravest mistake."

Truly "as the twig is bent, so will grow the tree."—*Dietetic Gazette.*

Letters to the Editor

Cheap Rents.

Dr. A. L. Benedict of Buffalo, discussing letter of A. C. Pleydell of New York, in October, 1906, issue of CRITIC AND GUIDE.

While not conversant with conditions regarding rents in New York, excepting in a very general way, I have had abundant opportunities to study the matter from both standpoints in Buffalo, as well as having had some intimate acquaintance with the circumstances in various smaller cities, villages, 4-corners and the open country.

The following general principles may be enumerated:

1. Rents, like every other price, depend upon a balance of supply and demand.

2. A rental scale which is too high, tends to automatic compensation by stimulating building and thus increasing the supply of houses.

3. A rental scale which is too low, that is which pays less than standard rates of interest upon the investment, temporarily favors the tenant class, but, in the long run injures this class with all others, just as the running of any considerable industry at a loss ultimately bears most heavily on the wage-earners.

4. Not counting time, but simply carfare, a down-town house or one near the place of employment, is worth about $3.00 per month more to the tenant than an identical house at a distance, for each wage earner in the family.

5. To the landlord, identical houses vary in value according to the total value of land and building.

We regret that lack of space prevented us from publishing Dr. Benedict's interesting communication before this.

6. While rentals depend upon supply and demand, a fair rental is about ten per cent. of the total cost of land and building, since about two per cent. must be deducted for taxes and insurance, one per cent. for immediate repairs, one per cent. for time or services of agents in collecting rents and overseeing repairs and one per cent. for a sinking fund to provide for gradual deterioration which can not be met with current repairs.

7. Unless in a steadily growing city, with limited area for extention, it is impossible for any large number of houses to be held at unreasanobly high rentals, since any general tendency toward high rentals inevitably invites competitive investment.

8. Rents like almost all other staple expenses vary directly with the population of a town or at least with the density of population, and with the average wealth of the community.

9. Rents, like all other staple commodities, are increasing on account of the increase in wages. The real standard of value is human labor. In the case of buildings, labor enters directly into the cost to a varying degree, approximating fifty per cent. Material has also increased about fifty per cent. in price, largely on account of the increase of wages in its production and only slightly because of lack of available supply of crude material or because of arbitrary raising of prices.

10. Mr. Pleydell's plea for lower rentals is simply a phase of the general contention for greater comfort in living. Statistics show that only about one-tenth of the community, in this, the wealthiest country of the world, have an income that can be considered reasonably comfortable. Doubtless, if human nature were perfect, some modified form of socialism might secure a greater diffusion of comfort but, ultimately, we must recognize that the productiveness of the world is not great enough to allow more than half of the community, perhaps fewer, to enjoy the theoretic, moderate standard of comfort demanded by civilization.

11. A rented house cannot be maintained so cheaply as one owned by the occupants. Tenants will not attend to minor repairs, will not exercise care with regard to plumbing, decorations, etc., will demand more frequent papering, painting, etc., and there is an inevitable loss on account of lack of financial responsibility and vacancy. All these additional expenses are, in the long run, necessarily assessed back upon the better class of tenants.

While I am not familiar with conditions in New York, I know that, in Buffalo, there are very few rented single houses, including the few houses in rows that we have, which pay anything like proper interest on the investment. For instance, as tenant, I have paid $800 for a house costing not less than $10,000 and, as representing the owner, I have rented at from $480 to $600 a house costing $10,000. Two and four-family houses rarely bring more than six per cent. net and, usually when the investment brings as much as this, it is because part of the investment

is carried in the form of a bank mortgage at four or five per cent. Larger tenements yield larger interest but require janitor and agent service, often partly performed by the investor. The only really high rentals in Buffalo, are in the slums. The tenants could perfectly well secure lower rent and better surroundings by moving out—and not into suburbs either—and it is inconceivable that they are tied down to their surroundings by business duties.

There is a constant and unfilled demand for help in small villages or on farms. On the latter, a comfortable cottage can easily be had for fifty dolars a year, covering garden plot. Often the house and provender are offered free, in addition to ordinary wages for male and female help.

The sufferings in New York and other large cities on account of high rents are, for the most part voluntary, as work and low prices for everything, including rent, are available all over the rural districts. The trouble with the class for which Dr. Pleydell is pleading is that they sit still and howl for the mountain to come to Mahomet. This form of folly is not confined to the lower classes. I can scarcely name a physician, newspaper man, lawyer, merchant, musician or artist in my acquaintance, who would not move to New York if he were assured of a ten per cent. advance on his present earnings, in spite of the fact that this increase would not cover car fare and the additional cost of rent, even for much more contracted quarters.

Several times, I have acted as go-between for farmers who urgently needed help and laborers, male and female, who quite as urgently needed fresh air, sanitary houses and even food, and although the farmer would have been satisfied with mere honesty and willingness to learn unfamiliar duties, the city laborer would rarely or never respond.

Mr. Pleydell's plan to place an extra tax on vacant land would, temporarily, lead to some increase of building but the ultimate effect would be to cause loss of credit and would have exactly the same effect on the tenant class as the demoralization of any other important business. Under existing conditions, vacant property costs about two per cent. in taxes and five per cent. in lost interest every year. The tendency is, therefore, to improve it, just as rapidly as the demand for houses will pay interest on the additional investment. The plan is simply that of the single tax which, I believe, discourages individual thrift and responsibility and certainly is incompatible with anything like permanent, durable building operations, unless we go so far as to embrace socialism in its extreme and provide for building and landlordism by the government.

Under existing conditions I believe that the only recourse for those who suffer from high rentals and high city prices in general, is to seek their level in smaller and cheaper cities, villages or open country where any industrious man can have hygienic and

comfortable surroundings and cheap rent and food. The hold that city life has on humanity is inexplicable on any rational basis. I may add, however, that I would rather live in a garret and eke out a living by doing odd jobs, keeping warm in the public libraries, Y. M. C. A., museums, etc., in the city, than live in the country, unless on a scale which would virtually create an *urbs in rure*. Possibly there are several million other individuals in the United States who have this same folly. If so, they must suffer for it.

In conclusion, I would qualify that individual abuses of landlordism should, of course, be corrected by health boards and philanthropic societies.

A. L. BENEDICT.

Regarding Vaccination.

Editor CRITIC AND GUIDE:—Referring to the article in your issue of February: "And Again Vaccination," would you kindly resolve me as to the bearing of the following facts, taken—not from the *Liberator*, or other sources of like well-meaning but ignorant propagandiss, but—from the (minority) Reports of the Royal Commission on Vaccination, made in 1896?

Mr. Marson records 3,094 cases of post-vaccinal small-pox treated by him at the Highgate Hospital between 1836 and 1851; and a further series of 10,661 cases between 1852 and 1867.

Dr. Gayton, 1870-1883 treated 8,234 cases of small-pox in vaccinated persons in the hospitals of the Metropolitan Asylum Board.

At Sheffield, Dr. Barry found that in 1887-1888, 5,035 vaccinated persons were "attacked" by small-pox.

Of the 1,019 cases of small-pox dealt with by Dr. Coupland in Dewsbury (where for twenty years vaccination had been neglected) 367 or 36 per cent. were unvaccinated and 652 or 64 per cent were vaccinated.

Leicester, a town (or city) of nearly 200,000 inhabitants thoroly vaccinated from 1854 to 1873, in these latter years, was the great epidemic, it showed a much higher mortality rate than that of London, 346 deaths occurring from small-pox. At this time a revulsion of sentiment in the community occurred, and a movement against vaccination commenced, which has continued for the last twenty years, with a rapid decrease in the number of small-pox cases and mortality. This has continued to this time (1896) altho in 1892-1893 there was 21 deaths, now it is almost reduced to zero.

In the great epidemic of 1871-1872, Leicester, of nearly 200,000 inhabitants, and Birmingham, both towns were well vaccinated; and the following are the statistical figures:

	Leicester.	Birmingham.
Small-pox cases in 10,000 of population	237	213
Small-pox deaths in 10,000 of population	35	35
In 1891-1894, when Leicester had mostly neglected vaccination.		
Small-pox cases in 10,000 of population	19	63
Small-pox deaths in 10,000 of population	1.1	5

In 1894, Leicester had only 7 vaccinations to 10,000 of population; Birmingham had 240 vaccinations to 10,000!

In the epidemic of 1892-1893 Warrington (population ?) with 90 per cent. of its population vaccinated, may be compared with Leicester, with only 7 vaccinations to 10,000 (?).

	Leicester.	Warrington.
Small-pox cases in 10,000	19.3	123.3
Small-pox deaths	1.4	11.4

With great respect to you, and good wishes for the CRITIC AND GUIDE, I remain,

Yours very truly,

March 13, 1907. GEO. PYBURN.

"Do Drugs Have a Value—A Challenge".

Dear Editor:—I will not take your Bet, but I *will* take YOU.

Do not forget the very low invisible bioplast, from which springs all higher life; and *that* long before it is determined to which Kingdom it shall mount, or which sex.

From then to maturity is a growth, and many inoculations.

Questions:—

1st—Is not that growth a healing Process?

2nd—If I wound my flesh, then plaster it over, does the plaser heal, or the Vital Forces?

3d—What heals the wound or the sick if not the same Vital Force that brought the Organism from Chaos—a mental action?

4th—If medicine stimulates an Organ to action, could not another's suggestion?

If you publish correct answer, and not leave your premise, I am a subscriber. J. W. BELL, M.D.

Everson, Wash.

That's too much for me just now. Too busy. Perhaps some of my readers will answer DR. BELL'S Conundrums. EDITOR.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IX NEW YORK, MAY, 1907 No. 1

Editorials and Editorialettes.

To those who see the CRITIC AND GUIDE for the first time: Please read this number carefully. It will give you some idea of what the CRITIC AND GUIDE is.

We believe it to be a little different from the monthly mediocrities, which are so fearfully alike.

We believe it to be the only one of its kind.

We believe it has accomplished an immense amount of good during the four years of its existence.

It is a Journal written with a considerable expenditure of gray matter and red corpuscles.

It is a Journal to make people think.

If the CRITIC AND GUIDE appeals to you, send us your subscription. A rather remarkable offer appears on page 18. It is to your interest to take advantage of it without delay.

The Story of Rose and Edward.

Miss Rose —— was a little over twenty-two. She was a bright, cheerful, happy girl, and this was her happiest day. Not only because on that day she was graduated from Barnard with high honors, but Edward—dear Ed whom she loved and looked up to for so many years, had proposed last night, and the passion, romance and aroma of that proposal still lingered with her. And how the plans and hopes and dreams kept chasing each other in her active fertile brain. She had decided where they would live, where they would spend their summer, how she would bring up her children, etc., etc. And Ed was a husband to be proud of. Tho but twenty-eight years old he had already achieved eminence in the legal profession, and his prac-

tice was more than he could attend to. And he was one of those rare specimens, a truly honest lawyer. Not honest in the legal sense, but honest in the true human sense. And kind-hearted, a gentleman in the noblest sense of the word and an all-round athlete. A man to protect a woman from every possible care and to make her happy as long as she lived. So thought Rose and she was right.

They were married in October. They expected to stay away three months on their honeymoon, but they returned after about three weeks. Rose was not feeling well, and traveling and staying in hotels didn't agree with her. She looked rather tired and fagged out, but that was natural. It was not natural, however, that after a week's rest she did not show any improvement. On the contrary, she began to look somewhat haggard. She had a little irritation in the genito-urinary tract, increased frequency of micturition, etc., but as this is not unusual in newly married women, it was not considered of sufficient importance to consult a physician. Things continued this way, getting a little better and a little worse, until the beginning of January. On the fifth of January she was taken violently and dangerously ill. Severe abdominal pain, very rapid but hard pulse, and threatening collapse. The physician who was called in diagnosed the case as ruptured tubal pregnancy. A consulting surgeon was called in and it was decided that in order to save the patient's life, an immediate operation was necessary. And tho it was midnight, the patient was quickly removed to ————'s Private Hospital and operated upon. No signs of extrauterine pregnancy were discovered, but about three and one-half pints of a blood stained and somewhat purulent serum were removed. An examination of this serum demonstrated the presence of millions of gonococci. We had to deal here with a case of fulminant gonococcal salpingitis. Both tubes were thickened and inflamed and they were removed. And so was the now useless uterus. The operation was a "success", i. e., the patient recovered.

A confidential talk was had with Mr. Edward. He searched his memory for a while—yes, some two years ago he had a very mild attack of—he did not know whether it was gonorrhea or something due to a "strain". It was very mild, it didn't bother him much, he went to his physician who gave him an injection and he was all right in three or four weeks. He never attached much importance to that attack and it had escaped his memory entirely. An examination of his urine, however, demonstrated the presence of shreds, and while no gonococci could be found in the urine, they were demonstrated in the expressed secretion from the prostate and seminal vesicles. The despair of Mr. Edward at learning that he was the unwitting cause of the tragedy can better be imagined than described.

Rose recovered, but you would hardly know her if you saw her. She aged ten years in ten weeks. She is making no plans, she has no hopes, she is dreaming no dreams—not for the present at any rate. Never again will she be the happy Rose that she was before she became Mrs. Edward. Never will her home be gladdened by the noise, romp and laughter of little children.

Who is to blame? Nobody. Rose certainly is not, nor is Ed For he certainly would have had his right hand cut off—and his left one too—rather than cause the woman whom he loved above all else in the world any pain or suffering. But he "didn't know" and we cannot be blamed for things that we do not know, and that we never were told that we ought to know. Should we blame those who insist that all knowledge of sexual matters be kept away from the people? Perhaps, but even they are more to be pitied than blamed. For they are generally sincere in their beliefs and we cannot blame them for their ignorance.

No, nobody is to blame, but it is the duty of those who see the light to spread the knowledge of sexual matters and of the dangers of venereal disease before the people, so that tragedies like those that have struck down our friends Rose and Edward may become rare or impossible in the future.

It would be an excellent plan if every man who indulged in promiscuous intercourse, no matter how rarely, had his urine and his prostatic secretion examined before marrying. This even if to his knowledge he never had gonorrhea. For there are gonorrheas without any subjective symptoms, gonorrheas in which the gonococci remain dormant, only to awaken into virulent activity at the first opportunity. And newly married life is such an opportunity.

Young Voltaire was thru with this studies. He left school. He was standing one day before his father in the library. Said the father: My son, have you determined upon what career you would prefer to enter? "I should like to be a reformer, my father," replied Voltaire. "And have you, my son, considered the fate of reformers?" "And what may the fate of reformers be, my father?" For sole answer to young Voltaire's query, his father gravely pointed to a painting representing Jesus of Nazareth on the Cross.

An Open vs. an Ambush Fight.

We are not afraid of an open fight—that is, a fight on the intellectual arena. We rather welcome one. Perhaps it is because we generally come out on top of the heap. And even if we didn't it wouldn't make much difference, as long as it was a fair fight. But there is a kind of fight that is mean

and contemptible—that is the fight from ambush, the fight by whisperings, by insinuations and inuendos. Against such tactics the strongest man is powerless. But unfortunately this has always been the favorite method of warfare of our enemies —both the fakirs and the white-robed hypocrites.

A Piece of Monumental Hypocrisy—To Say the Least.

Since the foundation of the CRITIC & GUIDE it has been its special province to expose fakes and humbugs, to prick the bubbles of conceit and smugosity, to tear the masks of saintliness from the faces of hypocrisy.

In our exposé of the nostrum mongers we have come across some pretty bad tactics; but we have never met an example of such brazen hypocrisy, such downright dishonesty as is exhibited in an editorial in the current issue (March) of the California State Journal of Medicine. Just read what Dr. Philip Mills Jones says and see what it means.

Here is what Dr. Jones says (p. 47):

"Will you follow the work of the Council, recognize the frauds it discloses and bear them in mind; will you refuse to use or *recommend* any of the extrapharmacopeial preparations presented to you unless they have passed the close scrutiny of the Council and received its approval? That, it would seem, is about the least that you as a self-respecting physician, can do in justice to yourself and your patient. Any remedial preparation that you do not find in the list of "new and non-official remedies" as issued by the Council, is one to look upon with suspicion; it *may* be a good and legitimate product, but the chances are that it is not, or that the proprietors have uttered exaggerated statements as to its value. The Journal will print, every month a list of all preparations approved by the Council. Look for it, study it, keep it handy for reference."

And so, Dr. Jones, you tell us that any non-official product that has not been passed by the Council should be looked upon with suspicion, for while it *may* be a good and legitimate product, the chances are that ***it is not.*** And you urge your readers not to use or recommend such products.

Let us see, Dr. Jones, how you live up to your preaching. The March issue, in which your editorial in question occurs, consists of 26 reading pages and 38 advertising pages. Rather disproportionate, but we will let that pass and examine some of your advertisements. You carry a full page ad. of hemaboloids: ***hemaboloids has not been passed by the Council.*** You carry tanphenyform: ***tanphenyform has not been passed by the Council.*** You carry Dioxogen: ***dioxogen has not been passed by the Council.*** You carry Glyco-thymoline: ***glyco-thymoline has not***

been passed by the Council. Formidine, pyrenol, arhovin, akaralgia,* Henry's tri-iodides, Henry's tri-chlorides, maizolithium, protonuclein, colchi-sal, none of these products have been passed by the Council *and still you carry them in your advertising pages,* that is, you give them your Harun-al-Rashidic endorsement, that is, *you recommend them* to the members of the Medical Society of the State of California.

Really a curious dilemma: You always assert that you carry products of the highest ethical character only; your advertising agent—a nice fellow by the way—says with assurance that to be represented in the pages of the California State Journal is the highest hallmark of distinction, for it is more ethical even than the J. A. M. A. and, "it was Jones who *compelled* Simmons to be ethical." So we must assume that every product advertised in your pages is at least legitimate. But none of the above mentioned products have been approved by the Council; and you say yourself "chances are that they are not legitimate and must be looked upon with suspicion." Now which is it?

And are you going to go exclusively by the Council or are you going to have some judgment of your own? And if you are going to go exclusively by the Council are you going to drop *at once* the ads. of all of the "non-approved" preparations?

(N. B. And please don't give us any gag about contracts. You can drop the ads. in spite of them. I will guarantee to stand any damages that you may suffer on account of breach of advertising contracts.

And this editorial brings us logically to the next.

The Council on Pharmacy and Chemistry of the American Medical Association.

The formation of the Council on Pharmacy and Chemistry was an epoch-making event in the history of American medicine. We hailed the advent of the Council with delight, we felt certain, and said so, that it would do some good and useful work; we reprinted the preliminary announcement of the formation of the Council, the first editorial on the subject, the ten rules for admission of medicinal products, etc. See CRITIC & GUIDE, May 1905. We concluded the reprint with the following paragraph: "Practically to all of which the Editor says: Amen. He has said these things many times before, some of them almost in the identical language. God speed to your work!" There was one thing that we did not like. We did not relish that by far the greater number or practically all of the members of the Council were druggists and chemists. There was *not one* really live practising therapeutist. And we feared that the movement would become narrow and onesided. We know the druggist thoro-

* Akaralgia has since been passed, but it had not been passed at the time of writing.

ly and we know (1) that he has a deep-seated bias towards anything of a proprietary nature (except if it be of his own manufacture). The bias arises principally from the fact that there is less profit on proprietary products than on ordinary chemicals and galenicals. Deny it as we may, the fact remains that the druggist (99 per cent. of him) is only a merchant and the article on which he gets most profit will meet with his greatest favor. (2) We know that theoretical chemists cannot know the real needs of the everyday physician, and the combinations which may seem to them absurd or trifling may still have a legitimate field of real usefulness. (3) We know that certain members of the Council were or had been affiliated with certain manufacturing houses and we feared that that might influence them somewhat in their decision about various products. We hoped that things would turn out all right, but we feared they wouldn't. While the Council was in its formative period, we refrained from criticising it—we never criticise a good cause publicly while it is weak. But the Council is now strong and powerful—and it can stand some criticism. It needs it. The Council deserves criticism and censure on three different counts.

First, because it has failed to pass certain products which by all rules of common sense, honesty and fair play should have been passed.

Second, because it has passed some products which it should not have passed.

Third, on account of its general domineering, I might say, bulldozing attitude, which is coming very much in evidence of late.

Point one and two will form the theme for a separate editorial. The balance of this shall be devoted to point three, which is the most important one.

The ukase has gone forth to urge the medical profession not to use any remedies that have not been passed by the Council. If the Council had asked the profession not to use any products which have been exposed by it, which have been shown to make fraudulent claims as to composition, it would have been perfectly proper. But to ask the profession not to use any products which have not been passed by it, is impudent in the extreme and is an insult to the medical profession. Why? Several reasons.

First, because several products have not been passed simply because the manufacturers have not seen fit to give the exact method of manufacture. As an example we may take Arhovin and Pyrenol. Well-defined products, answering every ethical requirement; but the manufacturers did not care to give the exact process in which, by the way, the physician has very little concern. Some manufacturers do not care to give the exact process for fear it may leak out—*things do leak out*—and some other

firms may start manufacturing the product. And still we are asked not to use products, otherwise satisfactory in every way, which have been rejected for such puerile reasons.

Second, several products have been rejected because they did not comply with rule 8, which is perfectly asinine. That rule states that "every article should have a name or title indicative of its chemical composition or pharmaceutic character, in addition to its trade name, when such trade name is not sufficiently descriptive." This idiotic rule (I know who is responsible for it) has given the Council more trouble than any other. It means this: that every proprietary product be given an additional quasi-scientific, quasi-pharmacopeial name. Glyco-thymoline, for instance, should be entitled liquor antisepticus alkalinus, etc. This the manufacturers refused to do, for it would mean throwing the doors wide open to the rankest kind of substitution. This would have pleased the manufacturer of piratical products and "just as good" substitutes immensely, but the original product manufacturers said *nay!* to this demand so positively, that the Council had to yield. Many products have been passed which have a fanciful title only, but still the rule is in existence and it is applied in some instances. And some products have been barred, merely because they refused to lose their identity. And nevertheless we are asked not to use such products, no matter how satisfactory they may be from a therapeutic point of view.

Third, it is a physical impossibility for the Council to pass upon all the products at once. I know of some products which were presented to the Council a year ago and they have not yet been passed upon. And there are many products, which will be approved, but it will take a year or more before it is done. Then again there are new products coming up constantly. Does the Council or the management of the J. A. M. A. have the hardihood to tell us not to use any of those products, no matter how necessary they may be for the benefit of our patients?

Why, this would be worse than the Russian bureaucracy, worse than mediæval orthodoxy with its "believe as we do or be damned."

And what does the Council's endorsement amount to, anyway? It is not an endorsement of therapeutic value. The Council distinctly declines this responsibility. It simply gives us a statement of the composition of the remedy. And this does not amount to much. A substance may be of distinct and definite chemical composition, and still be worthless therapeutically, and *vice versa.* We need not emphasize here that from the composition of a remedy alone we cannot judge of its therapeutic value or worthlessness.

Another word and we are done. We do not like fetishism in any shape or form. We distinctly object to the attempt which is being strenuously made in some quarters to elevate the Council to the position of medical popes, who are infallible in their

judgment, incapable of making mistakes, and absolutely free from bias. This is silly, very silly. The members of the Council are mortals of very ordinary caliber, a few of them quite narrow-minded and biased, and what some of them don't know would fill the Lenox Library. (The inside information how two or three got to be members of the Council would make interesting reading). And it certainly does not behoove the Council to assume (or for anybody to assume for it) such an intolerant dictatorial attitude.

The work of the Council in exposing the *composition* of products for which false claims are made is in the highest degree commendable and deserves the encouragement of every member of the profession. But let it not overstep its limitations, let it not assume a knowledge which it possesses not, and, above all, let it not presume to *dictate* to the medical profession what it should and what it should not use in the treatment of the sick. The truly intelligent, independent portion of the medical profession will not tolerate medical popes and therapeutic dictators.

And especially when you consider that those who would want to assume such a rôle have never done anything for the advancement of therapeutics, have never been known to take any interest in clinical medicine and are not even physicians!

Do Women Suffer in Labor?

The degree of suffering a woman experiences in labor, is a great question in which there are great differences of opinion. In the first course of lectures which I heard delivered on obstetrics by the late Henry G. Landis, of Columbus, who was a keen thinker and brilliant lecturer, the idea was impressed upon his hearers that a woman in labor suffers practically not at all, and that the pain commonly alluded to in labor is partly a tradition, and even in the expulsive stage of the process the suffering is largely imaginary. He taught that the rigidity of the muscles of the neck which obtain during explusive efforts interfere with the venous return of the blood, and in some way obtund the nerve centres, producing what he termed a physiological anesthesia.

Thus speaketh Dr. W. D. Porter in a recent issue of the *Lancet-Clinic*. Isn't it too bad that Dr. W. D. Porter, being a male, cannot be made to undergo he pangs of childbirth, once at least? He could then speak from personal experience, and not base himself on what Dr. Henry G. Landis, another male, had said.

P. S.—My lady readers, what do you think of the assertion that a "woman in labor suffers practically no at all," that it is "partly a tradition" and "the suffering is largely imaginary". I wonder how the tradition originated.

A Certain Kind of Hypocrisy.

"And the greatest of these sins is hypocrisy." I do not like hypocrisy in any shape or form. The prejudice against prescribing or recommending special combinations under their proprietary names has resulted in a peculiar kind of hypocrisy, characteristic of our general cowardice. The physician studiously avoids the name of the preparation, but gives its formula, and then when the other doctors prescribe that formula, peculiar results follow—sometimes. Let me give a concrete example.

Dr. R. W. Wilcox, New York, used probilin pills with very good results in gallstone disease. He read a paper on the subject, but instead of mentioning the name of the pills, he gave their formula, so that instead of prescribing probilin pills the physicians might prescribe salicylic acid, acid oleate of sodium, phenolphthalein and menthol. One doctor—and probably many more—did it. And in a paper read at the last meeting of the American Pharmaceutical Association, a pharmacist (in a paper entitled Prescription Difficulties) who is a Phar. D. tells us how he made the pills up. The physician had prescribed:

Salicylic acid, ...	gr. lx
Acid oleate of sodium, . . .	gr. lx
Phenolphthalein, . . .	gr. xxxvj
Menthol, ...	gr. viij

Mix and make 36 pills.

The pharmacist was unable to make the pills because the substances on mixing liquefy. He therefore added:

Extract of licorice, powdered, . .	℥ ij
Kaolin, ...	℥ i

"The acid oleate of sodium, he says, was interpreted to mean pure powdered castile soap."

Here we have a concrete example of a pernicious, retrogressive policy. Castile Soap is most assuredly not acid oleate of sodium—and thus the physician lost one of the most active ingredients of the combination, while he gained two undesirable ingredients—kaolin and extract of licorice!

In the name of common sense, cease this hypocrisy. If proprietary preparations are no good, let us not recommend or prescribe them; if they are good enough to be used on our patients, let us speak of them by their right names.

P. S. This example forms quite an appropriate supplement to my editorial on the subject of "Nomenclature of Proprietary Remedies" in the January Critic and Guide.

Cole's Contemptible Catarrh Cure.

Cole's Catarrh Cure, which is responsible for more cocaine fiends than any other poisonious nostrum, has received a solar plexus blow. The pure Food and Drugs act compels it to state its composition, while the New York Department of Health, has forbidden its sale altogether. The frauds die hard, however, and the Cole Medicine Company has now the impudence to inform the world that they are ready with a new Cole's Catarrh Cure, which contains no morphine, cocaine, or other narcotic. The expectant public is made glad by the news that "the Company does not propose to give up the manufacture of its original preparation that has achieved an enormous sale in the drug stores of Greater New York under the name of Dr. Cole's Catarrh Cure and its manufacture and sale will be continued as heretofore."

The honorable "Company" is of course very much averse to any kind of legislation regulating the sale of poisonous narcotics. Here is what it says:

"Legislation has been carefully thought out in the minds of selfish men and greedy interests to serve their own purposes, greatly to the detriment of legitimate business and affecting more particularly the Drug Trade as a real insult to their character and general understanding." (Great grammar!)

Well, and there are people who still doubt that the Pure Food and Drugs Act has accomplished some real good. If it had done nothing else, except forcing such miserable nostrums as Cole's Catarrh Cure to disclose their true character or to eliminate the cocaine, morphine and acetanilid from their composition, it would have been a thousand times worth while.

We must reach a point where no poison should be obtainable except on a physician's prescription.

Philip Mills Jones Excluded from the Exhibits of the A. M. A.

"No medical journal or publication can be exhibited that contains advertisements of a drug, chemical or similar preparation used in the treatment of disease, which does not conform to the rules of the Council of Pharmacy and Chemistry of the American Medical Association."

From circular on "Regulations Regarding Exhibits," Atlantic City Meeting of the A. M. A., June 4-7, 1907.

Well, well, well. But that excludes practically every State medical journal in the country. Not only does it exclude the New York State Journal of Medicine, but—and here is where the funny part comes in—it also excludes the California State Journal, for that saintly publication carries the advertisements of several products which have not been approved by the Council. Isn't this a jolly state of affairs? Well, life is so dull and monotonous that anything that adds to the gaiety of the Nation should be encouraged.

Medical Experts at the Thaw Trial.

We should all pray that there may be no cause celèbre, requiring expert medical testimony, for many, many years to come. We know of nothing that hurts the medical profession so much, that tends to degrade it and bring it into general contempt and disrepute to such an extent, as does "expert" medical testimony in celebrated trials. We have spoken to hundreds of physicians and intelligent laymen concerning the unsavory Thaw trial, and we have not met one person who believed, that the medical experts testified really according to their convictions. The opinion was unanimous that any of the experts could have been hired to testify on either side. The experts who testified for the defense did so because they were hired by the defense. Had they been first approached by the prosecution, they would have testified for the prosecution. And vice versa. And this prostitution of medical knowledge for pay hurts us more in the eyes of the intelligent laity, and drives more patients away from the regular medical profession, than any other single factor that we can think of.

Let us pray we may have no more celebrated cases requiring expert medical testimony for many years to come.

What is the Moral of This Incident.

Dr. X. enjoys the largest general practice uptown. His large automobile is always on the go. He paid me a visit this afternoon. He was in the neighborhood, he said, and he thought he would drop in and make the acquaintance of the editor of the "brightest and most interesting medical journal published." He evinced some interest in the environment of the C. & G. office. He noticed a large number—over two hundred—of different journals of the current year, neatly arranged in piles. "You read all of them?" "Yes." "Where do you get the time?" "You can get the time for anything, if you really want to." "Well, I can't. All I read is the J. A. M. A. and the Critic and Guide. I think they are the best journals published. And you and Dr. Simmons deserve a great deal of credit for the work you are doing with reference to patent medicines and proprietary nostrums. Great work. Time the physican's eyes were opened." Here he coughed and continued: "Would you please let me have a swallow of water. I have a little cold." The office boy brought a glass of water. Dr. X took out a tablet from a box in his vest-pocket and swallowed it, washing it down with the water. The tablet was an antikamnia and codeine tablet.

I said nothing.

A life subscription to the reader, who will point out the best moral of this incident.

Imitation Products and "Just as Goods."

We are firmly, unalterably and unequivocally opposed to imitation and "just as good" products. If a proprietary remedy is no good let us not use it, let us have nothing to do with it. But if it is good, if it has merits of its own, then the originator of the product is entitled to the financial benefits, and it is our duty to discourage substitutors and pirates, and to prescribe original products by their original name. This is our opinion and we stand ready to defend it against all the world. There is only one excuse for an imitation, and that is when the imitation is superior to the original. But when an imitation is superior to an original, then it usually starts out on its own merits and not as an imitation of something else.

And we have very little respect for a druggist who knowing the superiority of an original product, will nevertheless start to push and boom an imitation, because forsooth the imitation is sold at $8.00 per dozen, while the original costs $9.00 per dozen. Fie! Even druggists, tho necessarily commercial men, should have enough professional pride left in them not to stoop to such tactics.

Have we offended some one? We will say with Bishop Horne, if you will tell us how the truth may be spoken without offending some, we will spare no labor in learning the art.

A Final (?) Word as to Some of Our Advertisements.

We are sorry to note that some good but misguided people object to our carrying certain advertisements, especially pepto-mangan and Vin Mariani. The principal objection to pepto-mangan is that it is bought directly by the laity. This, as I explained before, cannot be helped. Any preparation that is extensively prescribed by physicians will eventually be ordered, to a certain extent, by the laity. The laity can read, and we cannot render them illiterate. Too late. Take the ethical pet, ovofakin, which is advertised in the J. A. M. A. That is now sold quite extensively across the counter. Go into any large drug store and find out if it is not so. Should it on account of that be thrown out from the J. A. M. A.? Pepto-mangan is an ethical preparation, its composition is not secret, the correctness of its composition has never been questioned, it is an excellent chaly'eate, its numerous imitations, in spite of interested claims to the contrary, do not act quite so satisfactorily—so why is it not a proper product to advertise in an ethical journal?

As to the attack on pepto-mangan which recently appeared in the J. A. M. A.—what does it amount to? Some inaccuracies are alleged to have been found in a report on the product written by the house physician of a public hospital. Even if so. Is a manufacturer to be held responsible for inaccuracies in

reports written by members of the medical profession? How is a manufacturing firm to know whether a respectable member of our profession is perfectly truthful in his statements or not? It is really deplorable that personal spleen and vindictiveness should express themselves in such a manner.

About a year and a half ago, namely, November 1905, I was in Dr. Simmons's office and he showed me several bottles of pepto-mangan, making the statement that they were investigating the product and they were going to rip it up. Is this all that could be discovered in 18 months of painstaking investigation, investigation undertaken with the purpose of preparing a sensational write-up? Then the product must be an excellent one, indeed. For it seems that with all the experts and investigators at his command, Simmons could find nothing on which to base an attack on the composition or the therapeutic virtues of the product. (Of course, incited by this note, friend Simmons may cause another "attack" to be printed, but the animus will then be too transparent.)

There is not a product which could not be criticized on the score of too strong statements made by the manufacturers; it is perfectly natural in making ex parte statements to use different language than is used in making geological reports. There is not a product advertised in the J. A. M. A. which I could not pick to pieces and "show up." But to select two or three firms as targets does not seem to me to be the proper function of our national organ.

As to Vin Mariani, we do not expect to convert all those who are opposed to it. Prejudice is stronger than reason or argument. There is in certain quarters an inexplainable prejudice against that preparation. We confess there was a time when we ourselves were prejudiced against it, for like so many others we thought it was a preparation "full of cocaine." An examination showed that this senseless statement was false, that on the contrary, far from being "full of cocaine" the preparation contained such an infinitesimal amount—from 1/20 to 1/10 gr. to the ounce—as to be entirely or practically negligible. And the manufacturers were making no misstatement in claiming that theirs was not a cocaine preparation. We would not call a wine of cinchona containing 1/10 grain of quinine, a quinine preparation. And I will add in parentheses that those who advise the physician to prescribe the official wine of coca instead of Vin Mariani are doing a very wicked thing. For the preparation is an entirely different one, much inferior in tonic properties. The so-called exposé in the J. A. M. A. amounted to absolutely nothing. It was just a sensational write-up, the gravamen of which was a circular to the laity, sent out by a London concern which handles the product, and with which the American house has absolutely nothing to do. The Ameri-

can product has now no circular whatsoever. In brief: the product gives its exact composition (and the Council could find no discrepancy as to that), it is advertised to the medical profession only, and contains no circular of any kind around the bottle. This suffices for us to stamp a product as admissible to our pages.

We apologize for having to occupy so much space with matters which are of interest to a portion of our readers only, but a principle is involved, and as we hold ourselves responsible for every ad that appears in our pages, we must reply to attacks based on ignorance, bias, or misinformation.

We never shirk an issue and we stand ready to debate publicly, on the platform, or in the pages of any journal, the advertising question in all its details. We stand ready to prove that the Journal of the American Medical Association and the California State Journal, tho making the most noise, carry even now preparations much more attackable than any preparation carried in the pages of the Critic & Guide.

Will Simmons or Jones take up the gauntlet?

The Christian Hospital.

We note from letters of our subscribers that the fake institution known as the Christian Hospital is again becoming active. We have been requested to write it up. It is not worth spending too much ink and paper on it. The people who will spend $8, $10 or $12.50 (according to the quality of the paper) for a worthless certificate from a fake hospital, are beyond reasoning. But what wonderful fakes can flourish in this great country of ours!

As a special inducement, the fakirs say:

> We send out all of our Certificates with your name handsomely engrossed thereon, either in the Old English or Round Hand style of letters, with two pieces of marine blue ribbon and a large corporate seal affixed thereto, giving it the general appearance of a regular Hospital Medical College Diploma.

Just think of it: Two pieces of marine blue ribbon!

The Prescribing of the Digestive Ferments in Combination.

And so our theorists have decided that it is foolish and irrational to prescribe pepsin and pancreatin in the same mixture and that the physician who does such a preposterous thing not only shows his crass ignorance, but also injures his patient, for such a mixture cannot possibly possess any virtue. If I said that the opinion was not worth the paper it was printed on, my statement would be considered impolite, unwise, undiplomatic. I agree that it would be all that—but one thing it would *not* be: it would not be untrue.

But let me digress a bit. If you ever were in the drug busi-

ness, you know with what supercilious contempt the average druggist regards the average physician. On account of his poor knowledge of incompatibilities, etc., the latter is generally regarded by the former as an ignoramus. I remember distinctly that when I, at the age of twenty-two, graduated from the New York College of Pharmacy, I thought that I possessed more knowledge than all the medical practitioners combined. (The medal I received undoubtedly contributed to the size of my head.) I remember the contemptuous pity that I felt for every physician who would prescribe something that would not accord with my strict (and correct) notion of chemico-pharmaceutico-therapeutic compatibility. One time there came a prescription which called—*horribile dictu*—for pepsin and sodium bicarbonate in the same mixture. Tho it was many, many years ago, I remember it as if it were yesterday. I remember my thoughts. "Poor woman, there she goes and pays her hard earned money to the doctor, and that doctor gives her a mixture which is *absolutely* worthless; worthless as just so much plain water. Will there never be a time when all physicians will be truly educated scientific men?" For of course I had it strongly impressed upon my mind that pepsin acted only in an acid medium and was rendered worthless by an alkali. Still, as no dangerous reaction took place, as no poisonous compound was formed, I had no alternative but to make up the prescription.

In about a week, the woman—a school teacher—came to renew the medicine and incidentally remarked that nothing had ever done her so much good as the last prescription. The woman repeated the prescription three or four times and declared herself cured. I knew it as a fact that she had taken before hydrochloric acid and pepsin, also bicarbonate of soda and magnesia separately, and without any relief. That incident set me to thinking. I am glad to say I never was a bigot. While I have always held definite and decided opinions on most subjects, I have always stood ready to change my opinions at the first presentation of *proof* that I was wrong.

Soon afterward I had occasion to speak to the doctor who prescribed the combination and he told me that that combination gave him excellent results. He thought that the sodium bicarbonate neutralized the hyperacidity—due to excess of HCl or organic acids—and the pepsin then aided in digesting the food. Be this as it may, I know that this combination is often useful when pepsin plus HCl aggravates the condition. As I said, that incident set me to thinking. It took several years of thought, it took many facts and arguments, but I did finally come to the conclusion that our *in vitro* experiments are just as apt to mislead us as to aid us in the treatment of our patients. And I have no doubt that practical therapeutics is very often thrown into confusion, and pushed backward into the darkness by faulty, hasty, inconclusive or misinterpreted laboratory experiments.

To return to the digestive ferments. The statement that when pepsin and pancreatin are prescribed together, both enzymes are "destroyed," seems to me exceedingly doubtful. They may cease to exert their proteolytic action in a test-tube, but we do not know what happens when they come in contact with a living animal membrane. It is the same story as with pepsin and alcohol. We have been taught that pepsin in strong alcoholic media is worthless. And it is true. Pepsin in a strong alcoholic medium will not exert its proteolytic action; but it has been experimentally shown (see the Editor's "Prescription Incompatibilities") that when such a mixture is put into an animal membrane, the alcohol begins to diffuse thru the membrane, and the pepsin begins to exert its digestive action. And that's what undoubtedly happens when an elixir of pepsin is put into the stomach. In other words, the pepsin is not destroyed; its action has simply been dormant. And that's what most probably happens when several digestive ferments are put in the same mixture. The test-tube chemist may think that they have been "destroyed," because they fail to exert their proteolytic action *in vitro*. We believe that their action has been rendered temporarily dormant. And we believe that practical physicians who have been getting good results from pepsin, from essence of pepsin, or from a mixture of the various ferments will continue their prescriptions in spite of the fine theoretical conclusions of the sub-sub-sub-committee of the Council.

An Ethical Editor's Relationship to His Advertisements.

My relationship to advertisements appearing in the Critic & Guide is exactly the same as my relationship towards original articles appearing in the reading pages of the Journal. As I do not hold myself responsible for each and every statement made by a contributor, so I do not hold myself responsible for each and every statement made by an advertiser. But, as I would not admit an article without examination, as I would not admit drivel and gibberish, and illogical, ungrammatical trash, so I would not admit any preparation which I considered worthless, or for which fraudulent claims were made. In either case it means that the article is at least good enough to be worthy of the attention of our readers. But it is absurd to hold even the most ethical editor responsible for every single statement appearing in the advertisements; just as absurd as it would be to have him bear the responsibility for every single statement appearing in the articles of his contributors.

Isn't the parallel perfect?

Our Candidacy for the Chairmanship of the Section on Therapeutics.

As we are about to go to press we learn that there is a strong movement on foot again to nominate the Editor of the Critic and Guide for the Chairmanship of the Section on Pharmacology and Therapeutics. To put a quietus to this movement the Editor hereby declares unequivocally, that under no circumstances will he be a candidate, nor would he accept the office if elected. This declaration should help to simplify matters. It will spare my friends a lot of unnecessary and fruitless labor, and will save Dr. Simmons, Jones, Hallberg, etc., the trouble of PACKING THE SECTION ON THE DAY OF ELECTION with dummies registered and brought in for the occasion.

I have said it and I stand for what I said. If further explanations are necessary, they will be forthcoming.

Dr. Carr's Prophecy—Will it be Fulfilled?

Glancing thru old issues of the Critic & Guide, I came across a letter from Dr. C. S. Carr, a passage in which struck my eye. It is very much a propos. Here it is: "Keep at it. Hit hard. Have no fear of your enemies. If you are beaten in the end it will be by those who ought to be your friends. You have enemies among the ethical as well as the unethical doctors. Remember that. It does not sanctify a man to be ethical; you will find out if you have not already. Ethics does not prevent one man from stabbing another in the back when he gets a chance. Keep that in your mind."

Yes, I am keeping it in my mind. I can't help it. Current events don't let me forget it.

We Have No Fears.

We fear no more the white-robed hypocrites than we did the black-robed fakirs. And as we were successful in our fight with the latter, so we confidently look forward to a successful issue with the former. No bureaucracy in medicine, has always been our motto. As far as lies in our power, we shall not permit that honest and capable physicians be looked at askance, be considered unethical, be personae non gratae, because they have courage enough to criticize the management of the A. M. A., because they differ in their therapeutics from the moss-grown dicta, because they have independence enough to follow the light as they see it.

There is too much cowardice in the medical profession as it is, and if things are permitted to go on the way they have the last year or two, no physician will dare to call his soul his own.

Extraordinary Offer.

(to new subscribers and in the U. S. only)

Send us one dollar (P. O. Money order, draft, check or stamps will also do) and we will send you:

The Critic and Guide from now on **until January 1909** and beside will enclose as a premium: The Treatment of Pollutions (diurnal and nocturnal) and Spermatorrhea.

Another Extraordinary Offer

(to new subscribers and in the U. S. only)

Send us check or M. O. for $2.50 and we will send you

1. The CRITIC AND GUIDE from now **until January 1909.**

2. Therapeutic Medicine, the best and most practical journal in the English language, for one year. [We will send you back copies from January on].

3. Altruria—an ideal magazine for people with ideals—for one year. [We can send you back copies from January on].

4. Dr. Robinson's Treatment of Pollutions and Spermatorrhea.

This offer is a truly remarkable one. Will you take advantage of it at once? It is open until June 15th only!

POLLUTIONS AND SPERMATORRHEA AND THEIR TREATMENT.

by Dr. WILLIAM J. ROBINSON.

Will be sent to any address on receipt of 20 c. in coin or stamps.

It seems to us that those who ply the editor with questions, and inquiries, the answers to which require time, labor and research, should have at least the good sense to enclose a dollar for their subscription. We may be mistaken, but so it seems to us.—The Publishers.

Original Articles

[Written for the Critic and Guide.]

The Materia Medica of the Individual Physician.

With Special Reference to Proprietaries. A Summary of 500 Prescriptions.

Dr. A. L. Benedict, A. M., M. D., Buffalo.
Attendant in Digestive Diseases, Mercy Hospital, Consultant in same, City and Riverside Hospitals.

Out of the multiplicity of drugs official and non-official each practitioner must make his own materia medica. To every one who has ever tried to teach this subject to medical students or who has ever had anything to do, in however humble a capacity, with the preparation of list of drugs for practitioners, it must often have occurred that if the list could be treated like the Sibylline books, it would gain in value with each destruction of a part. Yet, all who have tried to cull out obsolete drugs, have met with a protest for each one dismissed, and almost every new preparation, however trivial or however slightly differing from substances already official, has had its advocates for candidacy in the pharmacopeia.

The personal equation obviously enters largely into any individual use of drugs, so that any such study as this is to be considered partly as a confession and not to any great degree as a guide. Specialization has not as great an influence as might be supposed, since every practitioner must deal more or less with the general vital and metabolic forces, must attend to minor complications and, still more cogent, specialization is largely a matter of gross anatomy, and pharmacology largely one of histologic reaction. A drug that naturally suggests treatment for gonorrhea may act equally well upon the respiratory mucous membranes and one that acts in a certain way upon smooth muscle in one part of the body, will act in the same way, tho probably with a very different ultimate result, upon other smooth muscle. Thus, ergot by no means suggests uterine hemorrhage only and, to make a personal application, adrenalin is used by the author not so often to control hemorrhage from a gastric ulcer or pile, as to tone up the heart and circulatory apparatus generally.

The writer has found that the last 500 prescriptions written included 127 ingredients, vehicles not having been counted. The period of about a year covered by the study fails to include many drugs dispensed from an emergency and hypodermic case and also many drugs of very occasional use. In the same way,

it may happen that one will not employ a perfectly familiar word in writing, for a considerable time, simply because the nature of the subjects treated, does not call for its use. Altogether, the writer's therapeutic vocabulary probably consists of about 500 terms.

Certain factors in the personal equation (besides specialization) that tend to reduce the armamentarium may be mentioned in no egotistic spirit, since the opinions are neither original nor without authoritative support: These factors may be stated as general rules.

1. Use active principles whenever satisfactorily available. For instance, nux vomica and ignatia are simply sources from which strychnine is obtained, and the galenicals are never used. This one illustration represents a contraction of the materia medica to 20% of the total official and the contraction would be greater except that ignatia is not now official.

2. In general, one salt of an alkaloid can be selected for universal use, one of a group of related hypnotics, one of a group of somewhat similar saline cathartics, one of a group of related alkaloids, one salt of a metallic base or at least a very few, when the base itself is the chief element in the therapeutic effect.

3. Hundreds of herbs are merely astringent or have effects that are scarcely demonstrable. While many of these are no longer official, a great many that are official can be dispensed with by the individual physician.

4. A prescription should contain not more than two or three ingredients, excepting vehicles, and no drug should be prescribed unless there is a clear reason, pharmacologic or empiric, for its use.

5. As a rule, drugs should not be used as placebos, nor to influence non-material symptoms, nor if there is danger of toxic action, even of moderate severity, as griping, nausea, etc., if essentially the same therapeutic effect can be obtained otherwise.

6. A new drug, such as a synthetic proprietary, representing a minor change of an established one, should not be used unless it has some distinct advantages. If, on the other hand, this advantage is marked and generally applicable, the newer drug should replace the old one.

7. Just as the best surgeons commonly operate with a few comparatively simple instruments, avoiding specially prepared and complicated devices, so the best therapeutists rely, usually, on a few well tested drugs.

The drugs contained in the 500 prescriptions were:

Animal extracts
Adrenalin ‡
Thyroid extract
Ovarian extract
Pepsin

Acids
Phosphoric dilute
Salicylic
Hydrochloric dilute
Hydriodic, syrup

Alkaloids and glucosides
Cocaine hydrochloride
Hydrastinine hydrochloride
Strychnine sulphate
Iridin
Digitalin

Metallic compounds
Aluminum acetate
" silicate (Kaolin)
Antiphlogistine ‡
Magnesium oxide
Magnesium peroxide ‡
Magnesium hydroxide (Mistura) ‡
Manganese dioxide
Ammonium benzoate
" iodide
" chloride
" carbonate
" acetate (liquor)
" hydroxide (aqua)
Bismuth sub-iodide
" sub-gallate
" sub-salicylate
" sub-carbonate
" Beta-naphthol ‡
Arsenic trioxide
Lead acetate
" sub-acetate
Potassium iodide
" citrate
Lithium citrate
Calcium carbonate (Mistura)
Calcium hydroxide (Liquor)
Calcium lactate
" chloride
Ferric chlorid (tincture)
Ferrous iodide (syrup)
Zinc oxide
Strontium salicylate
Cerium oxalate
Sodium phosphate
" " (Johnson's effervescent) ‡
Sodium bromide
" acetate
Hypophosphites (Syrup compound)

Galenicals and oils
Belladonna tincture
" plaster
Cannabis indica ext. ‡
" " fluid extract.
Capsicum tincture
Cinnamon tincture
" oil
Condurango tincture
Chimaphila tincture
Hydrastis pulvis
" fluid extract
Hyoscyamus tincture
Krameria tincture
Dioscoroea fluid extract
Valerian ext.
Tiglium oil
Gaultheria oil
Catechu tincture
Cardamom tincture
Benzoin ,, comp.
Asafoetida mistura
Opium tincture
" & ipecac syrup
Myrrh tr
Spigelia & Senna fluid extract
Myristica oil
Peppermint spt.
Rhus tox. fl. ext.
Sumbul extract
Aspidium oleores
Iris fluid ext.
Digitalis inf.
Soap liniment

Elements
Colloid silver (ointment) ‡
Murcury (ointment)
Sulphur
Carbon (animal)

Organic chemicals
Amyl nitrite (pearls)
Ethyl " Spirit
Acetozone ‡
Chloral hydrate
Camphor
Chloroform
" Spirit
Terpene hydrate
Guaiacol carbonate
Menthol
Eucalyptol
Salol
Salacetol ‡
Saccharum lactis
Resorcin
Anaesthesin ‡
Orthoform ‡
" hydrochlorate ‡
Hetol ‡
Exodin ‡
Protargol ‡
Alphozone ‡
Purpetrol ‡
Petrolatum album
Tannigen ‡
Thiocol ‡
Lanolin

Out-and-Out Proprietaries.
Bovinine,
Maltine,
Neoferrum,
Apioline,
Laxol,
Colchi-Sal,
Validol,
Chloramine pastilles,
Phospho-Albumin.

‡ (indicates proprietary drugs)

The absence of some indispensable drugs from the foregoing list is to be explained on the ground of their being dispensed, notably calomel, salol, nitroglycerin, cascara, etc., not to mention a considerable variety for local use thru the stomach tube or rectal speculum or tube.

The use of proprietary medicines ought to be frankly discussed. The writer admits a prejudice against all proprietary medicines and tries to avoid them. He would like to agree with the extreme statement that only official drugs should be prescribed, but the Pharmacopeia can never be quite up to date and it gradually becomes 10 to 12 years behind the times. There are also other reasons why a drug may be very useful and yet not suitable for inclusion in the official list.

The proprietary drugs used are marked with the sign ‡. Twenty-eight are thus marked. Nineteen are definite chemical substances, or otherwise quite analogous with official drugs.

Adrenalin, magnesium peroxide, acetozone, salacetol, anaesthesin, orthoform, colloid silver, hetol, protargol, purpetrol, and tannigen are drugs which the writer would not dispense with. Purpetrol, indeed, was prepared directly for his use so as to have a literally pure petrolatum for internal administration. There is an ethical point in connection with such substances as adrenalin, salacetol, etc., which is not commonly realized. The house which goes to the trouble and expense of perfecting a valuable drug deserves the benefits of trade, to the exclusion of mere imitators, until the time is ripe for the inclusion of the drug in the official list.

Opinions will naturally differ as to the value of individual synthetic drugs. Some will be discarded altogether after a fair trial, one or two or more similar rivals will be chosen and the others discarded; names may be altered and still further improvements insisted upon in future editions of the Pharmacopeia, but, generally speaking, such drugs must be used, at least in an experimental way, or our materia medica will be at a standstill. Precisely similar drugs, now official, as acetanilid, have gone thru the same tentative stage, just as new additions to our vocabulary are considered slang till their usefulness and permanence have become assured.

It will be noted that the writer has designated extract of cannabis indica as a proprietary drug. This is because he always specifies a certain importation. Cannabis indica is an uncertain drug, and the utility of using a preparation about which there can be no question outweighs all other considerations.

The prescription of other proprietaries was dictated mainly by convenience, economy, ease of filling prescription, etc. The methods of the particular manufacturer ought to have considerable influence upon the prescriber, and yet they can scarcely warrant the refusal to prescribe what the patient needs. At

least one of the remedies is advertised both to the profession and to the laity and it goes against the grain to prescribe it; yet, it is a useful drug and its form, that of a capsule filled with liquid, precludes its preparation extemporaneously by the ordinary retail pharmacist.

Much has been written against the kaolin and glycerin poultices, on ethical and scientific grounds. The writer would not go so far as to claim that the preparation can suck toxins or even water out of the body, and yet it seems to be a valuable application, as external applications having no direct systemic action can be considered valuable. For use in gastric ulcer, chronic typhlitis, chronic joint affections, etc., the writer prescribes neither the original proprietary, nor any of its imitations, including the now official cataplasma kaolini, but orders powdered pipe clay and glycerin, which are mixed by the nurse, as needed. For an occasional prescription, however, the principle already enunciated of giving the benefit of trade to the introducer is followed.

[Written for the Critic and Guide.]

The Larger Doctor.

By Herbert N. Casson, New York.

Being altogether an outsider and a layman, I can, perhaps, speak more freely than any doctor with regard to the magnificent future of the medical profession.

The fact is, that the whole practice of medicine is now being re-made upon larger lines. The doctor of fifty years ago—the mere body-patcher and pill-carrier, has almost disappeared, from the cities at least.

In his place is a family counsellor—a sort of secular confessor, to whom we tell our troubles of mind and body, and who has charge of our well-being in a general way.

This change has been brought about by the passing of the old religion, which regarded the body as nothing but a temporary receptacle for an immortal soul.

While this dogma was believed, the doctor was a man of little consequence. He was only the repairer of a miserable body of flesh and blood and bones. He had nothing to do with the intellectual and moral side of his patients. He was a sort of plumber, nothing more.

For centuries doctors had to play second fiddle to the clergy. Indeed, all thru the middle ages there was neither prestige nor profit to be gained from following the medical profession.

Today the clergy have passed out as a real force, while the doctor and the scientist have come to the front. The doctor is respected because he has a grasp of the facts—because he has cut loose from superstition and allied himself with science.

The doctor of the future, in my opinion, will displace the pulpiteer altogether. He will be the guide and adviser of the

people in moral as well as physical matters. He will "minister to a mind diseased" as well as to a stomach diseased.

It will be the doctor, more than any other man, who will develop the coming science of Human Nature—the most important science of them all.

He will enter into the whole life of the people, because he is the only one whose profession permits him to do so. He will shape character and give battle to the myths of the mind. He will give experience to the young, knowledge to the feather-brained and commonsense to the fanatic.

As his profession gains in prestige and comprehensiveness, it will lose the quackery and commercialism that beset it today. And the doctor of the future—the Larger Doctor, will be the central figure of his generation.

[Contributed to the Critic and Guide.]

Hyoscine—Morphine—Cactin Compound.

By Frances A. Harper, M. D., Pittsbury, Kansas.

Permit me to report briefly five cases in which I have used the hyoscine-morphine-cactin tablets.

Case I. Cystic Calculi—pain intense. Patient had been accustomed to taking large doses of morphine for such paroxysms, which relieved but always kept her wide awake all night. I gave hypo. of whole tablet. Pain relieved and patient slept nearly all night. She said she "must have been hypnotized."

Case II. Multipara. All previous labors difficult and she had made up her mind to die this time. Called at about 7:30 p. m. Dilatation progressing well. At 8:30 she complained bitterly and begged for chloroform; instead I gave one-half tablet "H. M. C. Comp.", which soon quieted her down and put her to sleep, only stirring in response to pains. At 9:15 she was easily delivered of an 8-lb. girl whose lusty yells gave no evidence of any hypnotic spell having been cast upon her. This patient and her husband never tire of telling what an easy time she had as compared with all her previous labors and they give all the credit to the doctor!

Case III. Primipara. Called about 6 a. m. Had hard "backache" all night. Dilatation to about size of quarter of dollar and pains coming on regularly though "nagging" and hard to bear. Gave 1/60 strych. sulphate by mouth—repeated in an hour; a half-hour in sitz bath eased up pains and brought things down and relaxed generally. Patient put to bed, but soon complained so bitterly of back being "pulled in two" that I administered 1/2 tablet "H. M. C." which very promptly took off edge of pains. An hour latter she was delivered of a 9-lb. girl who protested loudly at being precipitated so unceremoniously upon this cold world. Head perfectly round and bones very hard, no fontanelles—consequently no moulding. Took

two deep sutures in perineum without a flinch from patient and after being cleaned up went off into a doze. Recovery rapid and uneventful.

Case IV. Young Primipara. This is a case in which I had looked for trouble and prepared to meet it more than half way. Patient had heart and kidney complications before pregnancy and I had had her under supervision during all this period. Had gone over her expected time two or more weeks; had felt, however unusually well during last month or two. Was called at about 5 a. m. but did not get there until nearly 8 o'clock. No dilatation whatever, but pain sharp and frequent. Had not felt motion for several days and was afraid baby was dead. No fetal heart-beat or other sign of life and I was also afraid baby was dead. Let three 5-gr. capsules quinine to be given at hour intervals, and as pains were "nagging" and ineffectual instructed that she be placed in bath tub of water as hot as could be comfortably borne, where she remained fairly at ease for nearly two hours; after which she was put to bed. Pains becoming harder and about two minutes apart. I was again called and found dilatation had progressed finely. Head, however, had not engaged, but could be outlined above pubic bones—very large and hard and as unyielding as a rock. I immediately made up my mind that this would undoubtedly be a forceps case, as pelvis was narrow and head gave no sign of engaging or moulding. I gave a hypo of one-half of a tablet H. M. C. Comp., which took off the edge of pains and in 1½ hrs. gave the other half tablet. Telephoned for assistance, cleansed vulva and covered with antiseptic pad—got forceps ready and waited. Slight delay in the other doctor getting there—but everything all right. Patient in semi-conscious condition only complaining as vigorous contractions came on. Dilatation was complete when assistance arrived but no engagement of head. A few minims of chloroform and patient was completely under. Forceps applied and in twenty minutes a very much over developed dead female child was brought forth, head large and solid, no sign of fontanelles. One deep suture was taken in perineum. Patient told me a few days later that the first hypo (½) gave so much relief that her one thought was to catch sleep between pains, and after the second one, she remembered very little more till all was over. She cannot realize that she had anything but a very ordinary labor after all and congratulated herself on her "easy time."

Case V. Young Primipara. Under observation from beginning of pregnancy. This was a most ideal case and worked out "like a book." Buckley's Uterine Tonic, t. i. d. for a month before labor. Was called midnight. No dilatation whatever, os rigidly closed, but much distress. Gave her 5 gr. cap-

sule of quinine, to be repeated at hour intervals till three had been taken, and instructed that she be put into a tub of hot water and left as long as she was comfortable, water to be heated as it cooled. (She remained sitting in tub almost three hours, comparatively happy.) Called again at 1:30 and remained an hour to watch progress. Dilatation progressing finely. When pains became too severe, I administered a hypo of one whole tablet, and left her quiet and sleeping, to return in an hour. Patient still sleeping on my return, but pains were coming harder and nearer together. In fifteen minutes dilatation was complete and head moulding down into canal. Somewhat less than an hour later a wide-eyed, surprised-looking 10 lb. girl was gazing up at the ceiling, but made no sort of protest until an attempt was made to bathe eyes and mouth, when she filled her lungs well. This was a most ideally normal case, there being not the slightest injury or laceration, although baby was unusually large and the mother "just knew she would die!" However, without the aids to dilatation and means of relief, who knows but that this case might have been a needlessly prolonged and difficult one? At this stage of "advanced civilization" we see very few absolutely normal cases in which nature does the work properly unaided. Our aid need not be meddlesome, but should as nearly as possible imitate and assist Nature.

After these experiences, I am most glad to add my little quota of testimony in favor of the new hypodermic anesthetic. It has been said that nearly every thing in this world has been modified or improved upon, excepting the manner in which we come into the world. It begins to look as if even that is about to be improved upon or at least modified to a great extent, by this new combination. I cannot speak too highly in its favor; as yet I have seen absolutely no ill effects in any way to either mother or child; all I can say is in its praise. I do not administer it until dilatation has progressed to a considerable extent, and insure a continuation of these contractions, even under deep anesthesia, by previous administration of either quinine or strychnine. I feel that it is best to secure the greatest possible dilatation before giving any hypnotic and I find the hot sitz bath gives most comfort and at same time relaxes and dilates as nothing else will.

March 16, 1907.

* * * *

We are always glad to answer inquiries and to impart information. But there is a limit to everything. Every minute of our time is occupied and we are often obliged to disregard letters from non-subscribers. We are glad to be able to answer all the letters from our subscribers. Non-subscribers of course have no claim on our time and energy.

(Contributed to the Critic and Guide.)

A Plea for the Average Doctor.

By W. C. Abbott, M. D., Chicago.

One of the things which make my blood boil is the statement or the insinuation that the largest number of the medical profession of America are incompetents. This is hinted at now and then, even in our medical journals, particularly those of the kid-glove contingent, while the drug journals are kept well supplied with insinuations that the doctors are an ignorant class of men, who can not safely be trusted with the people's health—that is, without the aid of the druggist. The literature of crankdom, the vitopaths, psychopaths, naturopaths, osteopaths and all the other "paths", is filled with villification of the medical man, in favor, of course, of their "exclusive" non-medical systems of "healing". Even the daily press is taking up the slogan and holding up the medical profession to ridicule and contempt. I believe this condition of things is largely due to the attitude of a portion of our own profession, which in a holier-and-better-than-thou spirit, consider themselves the acme of all that is wise and useful and "modern", and all outside of themselves as plunged in the depths of superstition and ignorance. This opinion they are not slow to impart to others.

Not long ago I was talking with the representative of one of our "great" journals, one that is backed by the stamp of authority—and supported by the funds of the hoi polloi. This man made the open statement that fully sixty per cent of the medical men of this country are ignorant and incompetent. He looked hopefully forward to the time when the "old fellows" should die off and be replaced by the youths who are now fattening on the milk (condensed-"skim") of modern medical knowledge in our great, endowed schools of medical learning.

There is an increasing tendency to block out a "superior class" of medical men: on the one side there will be the professor, the surgeon, the bacteriologic or pathologic investigator, the specialist; on the other, "the ignorant country doctor," the man from the "cross-roads." The conception which the former class has of the latter is too often of the roughly clad and awkward individual who sits with bulging eyes and hanging jaw, listening with a rapt and half-understanding awe to the "address" delivered by the eminent professor when he makes his annual clean-up at the county medical societies. Between himself and the man in the back row he conceives that there is "a great gulf fixed". Rats!

* * * *

I don't blame any man for fighting for his rights, even fighting for business—if he does it on the square; the world's a great battlefield anyhow. But I do emphatically detest the method taken by some of the drug journals to attempt to build

up business for their trade by defamation of the doctor and attempting to undermine him in the confidence of the public. The Western Druggist has been doing a good bit of this kind of "work" lately. Commencing with the November, 1906, number, in a strenuous editorial it advocated legislation absolutely forbidding the doctor the dispensing of his own remedies. This has been followed by others of the same stripe, demanding that a death certificate shall be denied when the physician in attendance was a dispensing doctor. Let us quote from this journal. In its November number the following appeared:

"In the state of Indiana it is said on authority which is unquestioned that two-thirds of the physicians dispense their own medicines. Yet the Indiana law does not require that the drugs dispensed by physicians shall conform to any standard of purity whatsoever."

"There is not the slightest doubt that the motive which actuates the physician who dispenses his own medicines is purely mercenary. This was admitted by one dispensing physician at a meeting of a medical society in Chicago not long ago. In fact, it was urged as a sufficient reason for all physicians dispensing their own medicines."

With the first statement made in this editorial we are inclined to agree. It is probably true that dispensing is increasing with the same enormous rapidity in Indiana that it is in other portions of the Union. But as regards the motive, the statement of the Western Druggist is absolutely untrue. To put it plainly, it is a lie. Ths monstrous accusation, that "the motive which actuates the physician who dispenses his own remedies is purely mercenary," is, in effect, a charge that two-thirds of the medical profession is conscienceless, criminal and ignorant. As we have pointed out repeatedly, the financial factor is but one in many that have led the doctor to dispense. A doctor's reputation rests upon his success. He stakes everything upon his efficiency—and that is what has led him to dispense—for then and then alone can he be certain of the remedies which he gives; and this again is what has led thousands and thousands to take up the active principles—not because they are cheap, nor because they had anything against the druggist, but because the people demanded success and success the physician is bound to give them. "Mercenary"—why, my dear sir, the motive instead of being this low and debasing one, is the highest that can actuate any man—the desire to save every human life that can be saved. That's what leads men to dispense. For the doctor got sick of substitution and of the dispensing of worthless and deteriorated preparations. This talk about the "crime of medical dispensing" is purposeful misrepresentation, but misrepresentation that will fail in the end.

If the Doctors of the country are using any cheaper and more inert drugs than the druggists we want to know it. Let the Western Druggist show the guilty ones up. We'll help, for in this we perfectly agree that cheap drugs are always dangerous, and it doesn't make a particle of difference whether they are

used by the druggist to fill a prescription or dispensed by the doctor. But just why the doctor should be inclined to get any cheaper stuff than the druggist, we confess ourselves unable to understand. We haven't heard of any doctor buying Fuller's earth for aristol; or dispensing atropine for homatropine, or acetanilid for phenacetin. The talk that the druggist's medicine is protected by law and the doctor's not is all moonshine. Most of the physician's supply houses are amenable to the Food and Drugs Law; much of the stuff concoted by the retail druggist is not, since few states as yet have any restrictive local regulations.

* * * *

But enough of the drug side of the matter. This is only part of the persistent assaults upon the character and professional abilities of the mass of our profession. The unfortunate part of the whole matter—the most unfortunate part—is that those who should champion and defend the doctor's interest are failing to do so! Where are our society journals that they let these insults pass? In resource, in native ability and in practical intelligence I believe that the American country doctor is the equal of any in the world. While we admire the achievements of the laboratory doctor, wonder at the beauty of his theories with him and speculate as to their future, for practical common sense give us the man who goes into the homes of the people and gathers experience in the school of hard-knocks. Not all men are of equal caliber; that goes without saying; but the successful country doctor, or for that matter city doctor——the real man—is he who is best adapted to meet the demands and adapt himself to the conditions which exist in the community in which he lives. For one, I am prepared to enter the lists in behalf of the average doctor. I stand for the doctor! I demand for him the square deal! It is time that the mass of the medical men of the country made themselves felt, that they united for a defence of their own interests. I urge every doctor in the country to get into his local medical society and then to concentrate his work and his efforts upon the things which concern not the few but the many. Our societies have too long been self-perpetuated mutual admiration circles of the select and exclusive who have constituted themselves the aristocracy of the profession and are building up within our midst a bureaucracy. This bureaucracy, with all its noisy pleas for the betterment of our profession has lent itself, deliberately or not we shall not undertake to say, to this tide of public vilification of the mass of our profession. Note, for instance, the domination of the pharmaceutical element in the Council of Pharmacy and Chemistry, the assaults upon the dispensing doctor in our national, state and county societies; note the attitude of the drug press, which our official organs have allowed to go entirely

unrebuked; note the increasing space given in the magazine and public press to the ridicule of the doctor.

Yes, the doctors—average men—should get together and fight their own battles. They should stand by the men who stand by them. We don't ask for any defense of ignorance or incompetence; quite the contrary, let us have every effort to raise our standard. Let our societies be truly educative—and let them cease to be mere show places for the exhibit of the few. Let us stimulate the practical and helpful side, seeking the greatest good to the greatest number. Let us fight quackery in high places as well as ignorance and charlatanism in the low. Let us seek the good in everything, before we condemn anything without a hearing. Above all things let us stand for true manhood—looking, behind the curtain enough to seek the motives in every movement, and if they be good putting our shoulders to the wheel to help, lightening the load meanwhile by throwing aside that which is injurious and false.

God forbid that this profession of ours should allow itself to be dominated by a self-seeking, self-satisfied bureaucracy. Let us have a true democracy.

[Contributed to Critic and Guide.]

Responsibility of Physicians, Dentists and Druggists in Connection With Venereal Diseases. *

By G. Morgan Muren, M. D., Brooklyn, New York.

Professor of Genito-Urinary Surgery and Venereal Diseases, Brooklyn Post Graduate Medical School, Genito-Urinary Surgeon to Williamsburg Hospital.

In this essay I shall attempt to demonstrate that on account of indifference, carelessness and even ignorance, in many cases, three classes of technically trained workers whose efforts should be directed, as should those of every well wisher of the human race, towards the lessening of the venereal plague, are in many instances directly responsible for its spread.

It would seem only fair to expect that a physician, undertaking the treatment of any common disease, should inform himself as to its pathology, and the treatment advocated by those men making a specialty of the class of diseases in which it belongs. It is a regretable fact, however, that in the matter of venereal diseases, many practitioners consider that almost any treatment is good enough for the sufferer, this unjust opinion often being held by men who, in other fields, are of recognized ability.

The following case will illustrate the variety of medical man I refer to:

Some years ago a man was brought to me by a former patient who fully appreciated the possibilities of an uncured gonorrhea. The case, of more than a year's standing, had been treated by the family physician, an excellent practitioner with a large clientele. This physician made no local examination,

* Read before the Tri-Professional Medical Society, January 15, 1907.

never looked at the urine, and, I need hardly add, had made no microscopic examination of the discharge. When the patient came to me he had a thin, watery "morning drop." This "drop," under the microscope, showed large numbers of gonococci, as did the expressed prostatic secretion. The patient was engaged to be married, and was told by this wise physician, that his "drop" would clear up under the more hygienic habits of married life. If this patient had followed the advice of his physician, and had marired, his wife would, most probably, have developed a cervical gonorrhea which, extending to the body of the uterus and tubes, would have eventually led to their removal.

The gynecologists will bear me out in the statement that 75 per cent of the inflammatory diseases of the female reproductive organs are due to gonorrheal infection, this infection occuring from the husband who has no idea that his prostatic or other secretion may remain infective for years after an acute gonorrhea is apparently cured.

If we have any faith in the race we must surely believe that but a small percentage of men of any class would deliberately infect their brides with a venereal disease. Why is it then that so many of these infections occur? There seems to be but one answer. The fault is in the method of treatment as followed by a large proportion of the medical profession. A man applies to his physician for treatment for gonorrhea; there are a number of people in the doctor's waiting-room and he has little time to devote to a venereal case. While he does not like to handle this class of work he does not wish to let this "good" patient pass into the hands of a specialist. If he makes any examination at all, it consists of a cursory glance at the offending organ. He then writes a prescription for an astringent injection and another for some nauseous balsamic mixture to be taken internally, and considers his duty done. Whether the urethritis is anterior or posterior he does not know, nor has he any idea as to what has caused the inflammation. His instructions to the patient are probably limited to warning him of the danger of eye infection. The patient visits the doctor at irregular intervals until his discharge ceases, or nearly disappears, when, not having been warned of the dangers of uncured gonorrhea, he discontinues treatment.

To the recent graduate in medicine, who has been more carefully trained in venereal practice than his older colleague, this may sound like exaggeration. I am sure, however, that any genito-urinary man will bear witness to its truth.

The first examination of a case of urethritis, acute or chronic, is a matter of much nice detail. The responsibility of deciding when it is cured is large, and particularly so, when the patient is about to marry.

In regard to syphilis, the diagnosis is too often made from

the primary lesion, and mercury given before the physician can know positively whether the sore is syphilitic, or a local venereal ulcer, the chancroid. Again, the ulcer, supposedly a chancroid, is cauterized when there is no indication that it is spreading and needs such treatment, only to discover later that a hard chancre has been needlessly irritated.

Regarding the spirochaete pallida, if the physician discovers this organism in the chancre and accepts it as pathognomonic of syphilis, of course he is justified in beginning treatment at once. At present I feel rather inclined to wait for secondaries in nearly all cases.

In the treatment of this disease protoidide is probably the most common form of mercury used internally, the patient being told to take it in increasing doses until cramps and diarrhea warn him that his limit has been reached. Can any one say how much of this drug is absorbed and how much simply passes thru the patient?

The early administration of potassium iodide is another common error in treatment. I do not believe it should be given as a routine measure, but only in late or relapsing conditions when it is indicated.

A duty that is probably more important than any we owe our venereal patients, is a full explanation of their condition and its possible dangers to others. Insistence upon the necessity of a complete cure rather than a mere relief of symptoms should be very positive and often repeated. This of course includes careful explanation of the possibility of future trouble for wife or children. If the practitioner is too busy to go into this with each patient he can have printed slips with general directions, etc., and give these to patients. I have made it a habit for a number of years to hand each new patient a pamphlet of this character. As the majority of venereal patients are treated by the general profession, a great stride will have been made in lessening the ravages of these diseases when the profession gives them the attention they deserve.

The lack of care and attention given to venereal patients by most of the hospitals is due either to indifference on the part of certain members of the visiting staffs who are interested in other departments of medicine, or to the active interference of the visiting surgeons who prevent, when they can, the appointment of men specializing in this class of work, who would be interested in the venereal patient and give him the attention he deserves on his own account and as a general prophylactic measure.

It is certainly the duty of the medical boards of hospitals to educate the lay directors as to the necessity for the proper care of venereal cases as a measure for the protection of the

innocent. This would overcome the prejudice against venereal cases, that so frequently exists in the mind of the layman.

The following is quoted from the "Report of the Committee of Seven on the Prophylaxis of Venereal Diseases in New York City." (Medical News, Oct. 21, 1901.)

"It would seem a strange perversion of the proper purposes of charitable institutions that a patient is debarred entrance into our general hospitals when the disease is acute and a source of danger to others, but he is readily admitted when suffering from the remote effects of the disease which might have been prevented by prompt treatment.

Practically the hospitals proclaim to this class of patients, 'We cannot receive you when your disease is acute and curable, but when your gonorrhea has developed into stricture, salpingitis, peritonitis, or when your syphilis has affected important central organs, the brain, the spine, the organs of special sense, you may be received, but your disease shall be baptized under another name which does not offend the refined susceptibilities of our patrons.'

The Committee must censure the attitude of the governing boards of our hospitals in excluding all mention of venereal diseases from their reports, as if it were a shame and a reproach. While it may be true that a respectable syphilis does not exist, they give the public the impression that it is almost as disgraceful to treat syphilis as to contract it."

This attitude is largely due to lack of proper effort on the part of the visiting staffs and to the exclusion of the genito-urinary men from the staffs.

THE DENTIST.

There is but one point upon which I believe the average dentist has failed to realize his responsibility, or, if he has realized it, he has not lived up to it and is therefore all the more censurable. That is, the proper sterilization of his instruments after each time they have been used. If the average dentist is asked how he protects his patients from possible instrumental infection with syphilis, he will tell you that he refuses to treat cases with suspicious ulcers in the mouth or throat. I have asked a large number of men this question and have always received the same reply, except from the few who boil their instruments, as they should, after using them. I should like to ask those dentists who do not boil their instruments and who consider themselves proficient diagnosticians of syphilitic conditions of the mouth, throat and nose, what their training consisted of in these subjects. The skilled specialist cannot always say that a particular ulcerative process is syphilitic. It must be considered with the history of the case and in

conjunction with other symptoms, and even then he may be in doubt.

The danger to the patient from the careless dentist is great, and I would urge the dental members of this Society to do missionary work among their less careful colleagues upon this important part of their work.

THE DRUGGIST.

Gould defines the word druggist, or apothecary, as "one who prepares and sells drugs, fills prescriptions."

The training given in the colleges of pharmancy in this country is limited to chemistry, a knowledge of drugs and their preparation, and the various processes of refining and manufacture up to the finished prescription. Brief descriptions are given as to their uses in medicine, but no training in disease and its manifestations or symptoms is entered into. It may be assumed from this that the druggist has no knowledge whatever of disease. Why then does he attempt to treat diseases about which he has no knowledge except the most superficial, diseases which frequently baffle the intelligence of men who make the study of them their life work?

I do not wish to be understood as objecting to the druggist advising the use of a cathartic, or some other simple remedy, as he is occasionally forced to do. When he attempts the treatment of more serious conditions, including "sore throat" that may be diphtheritic, the administration of his own, or somebody's patent medicine, headache powders containing dangerous coal tar products, then I think, he descends to the class of the quack doctor who uses the cloak of an honorable calling to defraud suffering humanity.

In attempting the treatment of venereal diseases the druggist speaks lightly of them to the patient, assures him that some mixture that he has for sale will cure the condition readily, and thus prevents the patient from seeking competent advice that might save him much future suffering and unhappiness.

The following case is an example. J. W., aged 29 years, married, consulted his physician, Dr. James P. Glynn, of Brooklyn, in the summer of 1906 for "sore throat." He had what at first seemed to be a simple pharyngitis, but this showing no improvement, the doctor finally obtained an admission from the patient that he had a "sore" on the penis about six years ago. He had consulted a druggist who burned the "sore" and it finally healed. He could not remember having an eruption or any other secondary manifestations of syphilis. He was placed upon mixed treatment, and showing no improvement in several weeks, Glynn referred him to me. A man of light build, markedly anemic, with a very positive impediment of speech

due to the sloughing away of the entire soft palate and uvula. This sloughing left a raw, suppurating arch in the roof of his mouth. He presented no other symptoms.

He was given hypodermatic injections of mercury twice weekly and increasing doses of potassium iodide. He was unable to take any solid food and was bothered a great deal by the regurgitation of liquids into his nose. His diet consisted of soft eggs, broths, milk punches, etc. I began treating him on August 8, 1906. He became progressively emaciated and never showed any signs of improvement. Early in October he had a hemorrhage from the ulcerating area, from which he recovered. Later in the same month he had another hemorrhage and died.

Is it not fair to assume that this man, a healthy worker in the open air, would have been alive and well today, if the druggist who evidently assumed that his primary lesion was a chancroid, had referred him for treatment to some competent physician?

Amputation of the Thigh under Hyoscine-Morphine-Cactin Anesthesia.

By Henry G. Ebert, M. D.
Assistant Surgeon in the Public Health and Marine Hospital Service.

I wish to report the successful use of the hyoscine, morphine and cactin combination as a general anesthetic in an amputation of the thigh in the upper one-third.

The tablets used were those put up by the Abbott Alkaloidal Company, and contained Hyoscine, gr. $\frac{1}{100}$, Morphine, gr., $\frac{1}{4}$, Cactin gr. $\frac{1}{67}$. Injections (hypodermic) were given two hours, one hour and half an hour before operation. Anesthesia was ideal and complete throughout operation and for several hours afterward. No ill effects whatever were noticed at any time. Muscular relaxation was not so complete as in ether or chloroform anesthesia so that after the operation no subsequent contraction of flaps took place and there was no more tension on the stitches afterward than at the time they were put in.

If this anesthetic will work in all cases as well as it did in this and numerous others reported in the medical journals, it would appear to be the ideal anesthetic for field use and emergency work where one may be short handed, as it does away entirely with the anesthetist and the space and care necessary in the transportation of ether or chloroform.

The absence of inconvenient after-effects is a most valuable feature of this preparation in field work, while the ability to perform serious operations promptly is of particular advantage; but of equal utility in active service is the possibility of securing complete rest and anesthesia in cases of injuries too extensive to permit of immediate operative attention, such as in visceral injuries of the abdomen, chest or head. It seems a good thing for the military surgeon and should come into favor with him.

—*Military Surgeon*, May.

Letters to the Editor

Bismuth Subnitrate Incompatibility.

Dear Dr. Robinson: In looking over the Bismuth prescription in the March C. & G. an occurrence came to my mind which happened a good many years ago. A prescription was left at my store on a Saturday and it happened to be the Saturday before Easter. The man left it to call later. Taking the bottle with him, he went out to play cards and got home too late to administer a dose to his wife, but laid it on the mantel. In front of the mantel his wife had spread her Easter Sunday new dress over a chair ready for wear in the morning to church. What do you think occurred during the night? The bottle burst and spread a nice coating of Bismuth over the dress. Sunday morning a furious man came into my store threatening a suit for damages. The prescription was as follows:

℞ Bismuth subnitr. ..... ʒ iii
Sod. bicarbon. ..... ʒ iii
Aqu. menth. pip. ad..... ʒ vi

Very truly yours, F. A. Bongartz, Jersey City, N. J.

This is a well-known incompatibility, which I considered in my Prescription Incompatibilities. The bismuth subnitrate in the presence of water generates nitric acid, according to the following equation:

$$Bi\,O\,NO_3 + {}^2H_2O = Bi\,(OH)_3 + H\,NO_3.$$

The nitric acid of course reacts with the sodium bicarbonate, generating CO_2, and it is the CO_2 that bursts the bottle.

Imitations vs. Original Products.

The following letter from a high-class firm is so much *à propos* our editorial on this same subject, that we take pleasure in presenting it to our readers:

Dear Doctor: Being aware of your attitude regarding imitation products offered to physicians as substitutes for well-known and standard products, it occurs to us that you might be glad to have your attention directed to a glaring inconsistency displayed by so-called ethical physicians, at times, in connection with this matter.

There are many reputable medical men who are proprietors of drug stores and who practice medicine as well, and we recently noted in your publication a letter of encouragement written to you by a physician of this class, in which he complimented you for your position and encouraged you to continue to agitate the matter. Shortly after the publication of this letter, our attention was called to a communication from the same party taking a position which was directly opposite to that which he complimented you for maintaining, and stating that unless a certain product was marketed at a certain price, in accordance with the requirements of a certain association, he—the doctor—would be obliged to endorse and use in his practice an imitation product, marketed by another firm, but bearing the name made valuable thru the efforts of the originators, altho it has been, and can be, demonstrated that the product in question is inferior to the original, not only in its composition, but in the results obtained from its use.

The marketing of this imitation article is admitted by the medical profession and the drug trade at large, to be a practical attempt to purloin

the results of the brains and energy of the originators, and should be discouraged by every reputable physician and druggist, and yet we find one here who writes you to continue your good work against similar attempts, and writes someone else stating that, because the original product is marketed at a little higher price than the imitation, he will be obliged to use the imitation, unless the prices of the original are reduced to meet the requirements of the association of which he is a member. In other words, in his character of a physician he discourages substitution and the use of imitations, while in his character of a druggist he looks only upon the price and wholly disregards quality and honesty—not to mention the chance of failure to secure desired results from the use of something "just as good."

An Interesting Letter from Dr. Carr.

Dr. William J. Robinson, New York City.

Dear Doctor—As I dictate these words I have before me the March issue of the "Critic and Guide." I see that you are the same old Robinson. You are at it in the same old way. For a while I have been busy with other things, and have merely skimmed over the magazines that come to my desk, giving them little or no atention. You hate just s deeply as ever bureaucracy, autocracy and despotism, whether in politics or medicine. I expect some time or other you will be turning your guns on the selfish and bureaucratic management of the American Medical Association. Of course, you do not believe that, but I do. I have an idea that a man as fearless as you are, and actuated by a desire for fair play, with an undying hatred of pretense, would not mix well with the management of the American Medical Association. You will go after that crowd one of these days. They will tolerate you as long as you keep them afraid of you.

It is lots of fun to write the way you do. I had a spell at it, writing for the people of course, not for the doctors. Seven years I said something that had been festering in my mind for many years, in "Medical Talk." But "Medical Talk" was a bother around here, the sentiments did not please some of the firm, so it was sold out. It was sold to a New York firm for $25,000. It was on a good paying basis, and judging from the letters I receive every day the combined magazine, "Health, Vim and Medical Talk," does not please my old readers as "Medical Talk" used to. The people appreciate a magazine that gives an audience to every side of all questions. That is what I tried to do. A good deal of stuff and nonsense is allowed by such a policy, but stuff and nonsense is inevitable under any policy.

I do not know exactly where you are going in your editorial work, but I do know that you are on the way. The general direction is apparent, but just where you will land is hard to predict. But I would give more for one such fellow as you than I would give for a thousand trucklers and ethical (?) boobies.

I realize that you are skating on very thin ice when you are discussing such subjects as the prevention of conception, but there are thousands of women in this world that will rise up and call you blessed if you succeed in making a fair and square discussion of this subject. A legitimate topic for medical journals. I receive many pitiful letters bearing on this subject from true and honest women, who are only seeking for escape from a martyrdom that is as useless as it is grievous. Sincerely yours,

C. S. CARR, M. D.

Columbus, Ohio.

A 81-Year-Old Subscriber:

Dear Doctor: Enclosed find $1.00 for the C. & G. If I want it after this year I will renew. I am in my 81st year and don't know whether I will need it any longer. I am subscribing because I like a bold, independent man who isn't afraid to speak out. Respectfully yours, A. D. Clark, Rayville, Mo.

Dear Doctor: I read the sample of the Critic & Guide thru and turned it over to my wife who also read it, and handed it back wth the request to subscribe for it, so find enclosed $1.00. I may criticise the Critic some time in the future. Yours very truly, L. C. Royster, M. D., Smith Mills, Ky.

Dear Doctor: Enclosed find $2.00 for which please enter my name as a subscriber for your 3 journals. I accidentally saw a sample copy of the C. & G. and it sure contains meat. Even if your other two journals are worthless [I couldn't publish a "worthless" journal if I tried.—Ed.] I can't lose, because I got $2.00 worth of cerebral kicks out of the sample copy. Of course it contains some things that I cannot agree with, but it helps a fellow to hear the other side and makes him broad-minded. [That's right.] Yours for progress, Cameron Lochead, M. D., Wales, N. D.

Dear Doctor: I enclose cheque for $2.00. I have read with very great interest your articles in the March number and I only wish with you there were more honest fearless men who would speak out the plain truth. Yours truly Heneage Gibbes, M. D., 585 John R. St., Detroit, Mich.

Dr. Doctor: I am in receipt of the first copy of the Critic & Guide that I ever saw. I am much pleased with some of the things in it—so much so, that you will find $1,00 enclosed. Yours, A. T. Wright, M. D., Waynesville, Ohio.

Dear Doctor: On my couch following grip, I have time to glance at mail matter. The Critic & Guide is ideally of my kind. If a spade is a spade with you, even when it looks like a heart to me, I am with you—send it for one year for enclosed check. J. B. Leonard, M. D., Northampton, Mass.

Dear Dostor: Enclosed please find $5.00 to cover our subscription to the Guide & Critic and Therapeutic Medicine. Wishing your publications the fullest measure of success, we remain, yours very truly, Thomas Drug Co., Greenwood, B. C., Canada.

Dear Doctor: The sample copy sent me was so entertaining that I read it thru from page to page without finding a stopping place. Yes, yes, the medical profession need their ears boxed several times a year more than do the laity. They are supposed to be educated and should know a fraud in a medicinal preparation on sight. But we all get deceived occasionally for a short time. You cannot hammer too hard. Two-thirds of the physicians will be with you anyhow. Enclosed find $1.00. Very truly yours, Dr. J. M. Callender, Thedford, Neb.

Dear Doctor: Sample copy of the Critic & Guide was received yesterday and it saved me from sending this morning to the James Alkaloidal Co. for a treatment for the morphine and whiskey habits. I have read the Guide and am immensely pleased with it. Enclosed please find $1.00 for which send me your unique journal. Very truly yours, Thos. C. Barnes, M. D., Marlow, Ind. Ter.

Dear Doctor: Sample copy of your journal received. Have read a few articles. Am now about to do a remarkable thing. For six or eight months have not opened the J. A. M. A., nor our state journal, not being able to read much. Am stopping several of my monthly papers—but—I am enclosing $1.00 for Critic and Guide. I am so much impressed with your strong plain policy. Yours truly, J. E. Wilson, M. D., Butler, Ky.

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Zinc oxide, very fine, 1 dram.
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Lanolin, 2 drams.

Bathe with water as hot as can be borne and apply twice daily.

Best Treatment for Chancroid.

Cleanse the chancroid with a bichloride solution (1 grain to the ounce); anesthetize with cocaine, eucaine or alypin; cauterize with a 10 per cent. solution of formaldehyde (i. e. 1 part of formalin or the official liquor formaldehydi to 3 parts of water). Then let the patient apply calomel, airol, aristol or europhen, 3 to 6 times a day. Do *not* use silver nitrate.

For Perspiration of the Feet.

Wash the feet with a weak formaldehyde solution (1 part liquor formaldehydi to 9 parts of water); then dust with a powder of the following composition:

℞ Salicylic acid, 2 drams;
Burnt alum, 2 ozs.
Tannic acid, 2 drams.
Purified talc. 4 ozs.
Oil of bergamot, 10 drops.

Rub well into the feet every night and shake into the stockings every morning. Change stockings every day.

Cracked Nipples.

Wash carefully several times a day, especially after nursing, with a very weak hydogen peroxide solution (one teaspoonful to two ounces of water). Wipe carefully and apply the following:

Aristol, ℥i;
Olive Oil, ℥ii.

And cover with a piece of cotton. Heals very quickly under this treatment. Painting the nipples with tincture of benzoin (the simple, not compound) also gives very good results.

For Irritable Sexual Impotence.

Give strontium bromide 10 grs. three times a day, and in severe cases an additional dose of 20 grs. at night. Also the following capsules:

Ergotin 2 grs.
Hydrastine hydrochlor, ¼ gr.
Lupulin, 2 grs.
Camphor monobromide, 1 gr.
S.: One capsule 3 times a day.

Avoid strychnine.

Mumps.

Rub in unguentum Credé or the following ointment:

Guaiacol, 30 min.
Ung. Hydrargyri, 1 dram.
Ung. Belladonnæ, 5 drams.

The effect is enhanced if this application is covered with a hot water bag or hot clay paste.

In Diabetes.

The best combination for reducing the glycosuria (which does not mean curing the diabetes) is the following:

Codeine, 1 gr.
Antipyrin, 5 grs.
Salol, 5 grs.
Mf. Pulv. vel. caps. No. 1.
S.: One such powder or capsule three times a day.

The codeine may be gradually increased to two and even three grains per dose. It is remarkable what large doses of codeine diabetic patients will stand.

For Chilblains.

℞ Ung. Plumbi, 4 drams.
Bals. Peruv, 1 dram.
Adipis lanæ, 4 drams.

or

℞ Calcis Chlorinatæ, 1 dram.
Adipis, 7 drams.

These are good ointments. You may rely on them.

In Goiter.

℞ Quinine hydrobrom. 5 grs.
Ergotin, 1 gr.
Arsenic trioxide, 1/100 gr.
Mf. caps. No. 1. Tal. Dos. 100.

In addition to the above sodium phosphate or an effervescent saline laxative should be given every morning.

The Best Ointment for Lumbago.

℞ Ac. salicylici, 1 dram.
Camphoræ, 2 drams.
Chloral, 2 drams.
Oleoresin Capsici, 30 grs.
Ol. Sinapis, 15 drops.
Petrolati, ad 2 ounces.
S.: Apply with strong friction three times a day.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IX NEW YORK, JUNE, 1907 No. 2

Editorialettes.

From June 1st until September 15th Dr. Robinson can be seen or consulted at his Town residence on Wednesdays only, and preferably by previous appointment.

* * *

If you address something "To the Editor" or "To the Critic and Guide," which you do not wish to appear in print, please mark it "Personal" or "not for publication" and it will be as safe and secure as in Napoleon's tomb. If you do not so mark it, we assume that the communication is intended for publication.

* * *

Our correspondence has assumed such large proportions that merely in self-preservation we he had to adopt the following rule: No attention whatsoever paid to letters from non-subscribers. Letters from non-subscribers, asking for information, offering commendation or criticism, etc., do not as a rule even reach the editor's desk.

* * *

The summer is upon us. Try and utilize it for your physical and spiritual benefit. Take off a month or two and spend them in close communion with nature. Nobody needs a complete perfect vacation more than physicians and pharmacists do. The former are constantly dealing with suffering and sickness, the latter are always in the stuffy, non-ventilated atmosphere of the drug store—and both need to get away, far away from their injurious surroundings if they do not wish to become spiritually cramped and physically crippled. Nature, glorious Nature, is the great consoler and healer.

We can only judge by ourselves and we can only look thru the glasses we ourselves wear; and at least as far as the editor is concerned, he knows that he could not be in the ring, be in good fighting trim and turn out single-handed such an enormous amount of work—work which some say would keep at least six men busy every working day—if he did not make it a rule to drop everything for two or three months during the year and go away to dwell with his mother-Nature, where he becomes totally oblivious to all the foolishness, pettiness, nastiness, hypocrisy, strife and fight that go to embitter one's existence, but with which we are forced to deal, as long as we want to be an active factor in this little world's affairs.

Drop everything—the world will get along without you for a month or two—and attend to your spiritual and corporeal rejuvenation. Thus shall your days be prolonged and made more pleasant on this earth.

When you are dead you will be a long time dead.

* * *

We are glad to know that the Council is receding from its untenable position on many points and is assuming a more reasonable attitude. It still has many sins of omission and commission—and we shall not fail to point out those sins in future issues—but it will all come out all right. For all things work together for good in this best of all worlds.

C. S. N. Allbooze.

Old C. S. N. Hallberg, who is rapidly approaching the age of his dotage, has brought up an awful eructation (see May issue of Bulletin A Ph. A) against the doctors. The doctors are ignorant, uneducated, stupid and altogether bad. It would be interesting to know under the influence of what particular brand of booze Carl has brought forth that D. T. article. Won't you tell us—so that for your own sake your friends may keep it out of your reach in the future?

The Food Should be Wholesome, etc.

"The food should be wholesome, nutritious and easily digestible."

Now, gentle reader, doesn't it make you slightly nauseous, as if you had taken a dose of syrup of squills and ipecac, when you see this sentence at the end—or at the beginning—of a learned article on some disease? Suppose the writer did not make the statement, would anybody on the outside of a lunatic asylum, think that the patient's food should be unwholesome, non-nutritious and indigestible? Should not the food even of healthy people be wholesome, nutritious and easily digestible? *So why waste ink and* paper?

And what meaning do these meaningless words have? What sense has it to say "wholesome food" without stating just what food is wholesome? For, they who know what food is wholesome, nutritious and easily digestible will use no other; and to those who don't know, the advice is useless.

Therapeutic Nihilism.

It is my humble opinion that a therapeutic nihilist has no more business to be an editor of a medical journal than an atheist has to be at the head of a church. Medicine without therapeutics is like a body without a soul, without a spirit. Medicine without treatment is a fraud on the people; it is a dead and useless tree; it is a dried up river; a wilted flower; a squeezed out lemon. It is very platitudinous to say it, but it must be repeated over and over and over again, that a patient does not care a rap for the etiology, pathology, differential diagnosis, etc., of his ailment. All he cares for is to be cured, or if the disease be what we in our ignorance call incurable, relieved. And if we cannot give the patient a cure or relief, and are taking his money, we are obtaining money under false pretences.

Unfortunately, we have several therapeutic nihilists, therapeutic cynics at the head of several journals, and to judge by the pages of those journals one would think that therapeutics was the least important part of medicine, or was entirely non-existent.

From the day of graduation the editor has read journals for the benefit he could derive therefrom for his patients. Journals which considered medicine as a theoretical science and not a practical, even empirical art, he quickly cut off his list. And that's what every physician should do.

* * *

Fair play to *everybody*: The doctor, the druggist, the manufacturer, the editor and, last but not least, the public.

Thus have we always tried to conduct the good CRITIC AND GUIDE.

* * *

No, I cannot say that the medical wire puller appeals to me. I am still old fashioned enough to believe that medicine and politics, back stair politics especially, do not go well together.

* * *

People like extremes. The middle ground is devoid of sensationalism, is not interesting. And if you want a following, you must take either extreme, and advocate it or defend it with all the zeal you are capable of mustering or—simulating. But the editor of the CRITIC AND GUIDE cares not for a following; he is satisfied to stand entirely alone, and he will therefore continue to pursue the middle course—the right course, the just course.

The Timorousness of Oriental Nations.

At a meeting of the Society of Hypnology and Psychology, held in November, 1906, M. Damaglou said that in Turkey and Egypt timorousness constituted an endemic and hereditary mental condition. His investigations tended to show that this was due to a mental bias which has been developed as the result of a system of absolute and irresponsible despotism having reigned for centuries thruout all classes of society without distinction of race, nationality or religion. Children had to keep absolute silence in the presence of their parents, young men in presence of their elders, apprentices in presence of their masters, and so on. Ever at the mercy of despotism and arbitrary treatment the Orientals lived under the dominion of fear. Passive creatures, having no will of their own, no opinions, and no individuality, their timorousness too often rendered them addicted to lying, trickery and hypocrisy.

In Dieting Patients.

In laying down rules for individual diet we are now more apt to pay attention to the likes and dislikes of the patient. We do not care quite as as much as we did a few years ago for the chemical composition of the food, whether it is chiefly nitrogenous or carbohydrate, etc. We give the patient greater latitude. But are we not merely following the advice given us over two thousand years ago by the unapproachable Hippocrates, who said: "Such food as is most grateful, tho not so wholesome, is to be preferred to that which is better, tho distasteful." And later on Sydenham said: "More importance is to be attached to the desires and feelings of the patient than to doubtful and fallacious rules of medical art." While Heberden expressed the same ideas in the following words: "Physicians appear to be," said he, "too strict and particular in their rules of diet and regimen; too anxious attention to those rules hath often hurt those who were well, and added unnecessarily to the distress of the sick."

The Medical Library & Historical Journal is as interesting as ever to the student of the history of medicine—which, in our opinion, is tne most interesting part of medicine.

Remember this.

If a man holds on for dear life to an office, which is supposed to be purely honorary, there is *something* wrong. There is graft! The graft may not be in direct cash, but there is graft there! There are so many different ways of grafting. Why should the secretary of a section, for instance, insist upon holding the position year after year, without giving anybody else a chance? Why, *why, why?*

No officer in the American Medical or in any other association should be elected or appointed to his office more than twice in succession. Frequent change in office is healthy. It *prevents* graft and favoritism.

* * *

When a man considers himself permanently intrenched in any office, he is likely to become careless, arrogant, and so many temptations are put in his way that he must use great efforts not to become a grafter. It is our duty to save the man from such temptations.

A Statement of Fact.

Let this statement go forth to the world:
They who deride the use of drugs do so for one of two reasons; either because they have never used them, or because they used them in an ignorant, bungling manner. They who have made a thoro study of pharmacology, they who know the indications, contraindications and limitations of drugs, do not deride their use. They know that at all times they are valuable adjuvants and that sometimes they become the sole life-saving agents at our command.

The Drug Store of Now and of the Near Future.

Some of our pharmaceutical subscribers feel hurt because we state that the tendency of pharmacy is away from professionalism, going irresistibly more and more towards commercialism. But isn't it so? We pronounce no judgment, we blame no one for economic conditions over which we have no control. We merely state facts. Granted, that the facts are unpleasant—is the chronicler to be blamed for stating them? Or do you mean to deny the fact of the constantly growing commercialization, nay, degradation of pharmacy? Then go and look in the windows of the largest drug stores. In one window there is a display of Duffy's Malt Whiskey, in another a display of Maryland Rye Whiskey, in another—and on Broadway, too—a man is sitting and sharpening razors as an advertisement for some razor strop, in another a dilapidated woman is blowing ammonium chloride vapor thru her nose to advertise a wonderful inhaler, in another a fakir demonstrates his long hair, which grew by virture of fakehairuna, another window is occupied from top to bottom with toilet paper, still another with stationery at bargain prices, still another, with hair soles as a sure preventive of rheumatism—and so I could go on indefinitely. We purposely omitted mention of patent medicine displays—we are so used to those that that they no longer excite attention. But aren't all those things nauseating—to the professional man? And look at the new drug stores that are

coming up. A new company with an old name—the Caswell-Massey Company—is starting a chain of drug stores. When you go in you have to look pretty closely to assure yourself that you are in a drug store. The greater part of one wall is occupied with a cigar stand, another wall is occupied with the inevitable soda fountain—and the greatness of a drug store is now judged by the size of its fountain—while the entire balance of the space seems to be monopolized by patent medicines and toilet articles. Drugs? We presume they keep them, but they are out of sight—probably in the back-room.

No, we have no respect for such so-called drug stores. And the unfortunate part is that things are getting worse in this respect. The drug store of the future, and of the near future, is going to be a small department store, with drugs and chemicals as an incidental accessory.

Blame? We blame nobody. It is the irresistible tendency of the times.

Charlatanism in the Profession Regarding Sexual Matters.

It is a well-known fact that the sexual cripples form the largest contingent of the quack. The medical "Institutes", the lost manhood harpies, the advertising charlatans fatten on the credulity and the weakness of the thousands of victims who are, or who think they are, suffering from sexual weakness. But unfortunately we must admit that there are just as bad, just as contemptible quacks in the midst of the profession.

These quacks, who even occasionally contribute quasi-scientific pretentious articles to medical journals, prey upon the fears and weaknesses of prospective victims, exaggerate the importance of the sexual function, distort the perfectly physiologic natural decay at the age of 50 or 60 into a danger signal, while their treatment—which only they alone can administer—differs in nothing essential from that of the out and out advertising quack.

The following is from an article by one Dr. T. W. Williams (Albright's Office Practitioner, p. 96, 1907):

"A final admonition to middle-aged and old men who begin to experience that loss of animus toward women which comes to all men sooner or later, as the result of age: Keep the vital spark of sexuality alive. There is a moral scientific reason for this advice in the fact that when the flame which transmits being and prevents the race from becoming extinct expires, the mental and physical powers speedily decay, energy, ambition and usefulness cease; the being has fulfilled his mission on earth and, like the plant that can no longer reproduce its kind, might as well retire from the arena.

As the eyes begin to fail we prolong the visual function by the use of glasses; as the teeth decay we substitute artificial molars to masticate our food, and thus aid the digestive organs; when hearing becomes dull we use artificial appliances for conveying sound to the brain—so, as procreative energy, another special sense, begins to lapse, the muscles to lose their elasticity, the joints to stiffen, the bones to become brittle, the hair thin and white, the arteries to harden, the heart, liver and kidneys to become weak from fatty degeneration, performing their functions imperfectly, and the brain to soften—when this process of aging begins, stave off the inevitable as long as possible by the employment of such preservative of virility as art and science provide."

No more pernicious rot, no more dishonest trash could be imagined. It is positively untrue, that when the sexual flame expires, the mental and physical powers speedily decay, energy, ambition and usefulness cease and that the "being" might as well retire from the arena. I repeat, nothing could be more untrue. Just the contrary. Many men with the decay of their sex power become physically stronger, mentally more alert, and many of them do the best work of their life just after that period. Of course if a person reads such pernicious trash and becomes imbued with the injurious influence of sexual decay on the other functions, he may imagine himself running rapidly to the grave. But that is the fault of such pernicious "teachings".

The advice given in the second paragraph is still worse. "When the arteries begin to harden, the heart, liver and kidneys to become weak from fatty degeneration, performing the functions imperfectly, and the brain to soften—when this process of aging begins, stave off the inevitable as long as possiby by the employment of such preservatives of virility as art and science provide." *i. e.* use the quack medicines which Dr. Wililams has for sale. Now, could there be anything more stupid, more pernicious? When the arteries begin to harden and the heart, liver and kidneys to become weak from fatty degeneration, then it is criminal to advise sexual intercourse, and to whip the normally expiring function with aphrodisiacs. People with hardened arteries and fatty heart should not even think of sexual intercourse—to do otherwise means inviting apoplexy or heart failure. But what does Dr. Williams care, as long as he sells some of his stuff? It is a great pity that such articles are permitted to appear in medical journals—however obscure—for they do reach a certain number of doctors, who are influenced by such articles and try the treatment on themselves and on their patients.

And as to the remedy itself, the less said the better. I may take it up later and show the fraudulent claims as to its composition.

The Antivaccinationists.

If you wish to get yourself into "trouble" write an article against Christian Science or the antivaccinationists. For some weeks to come, your mail will contain the most curious epistles. You will get letters full of furious tirades, of cuss words, of gentle reprimands, of "charitable" inuendos, etc.

Our editorial in the February issue entitled, "And Again Vaccination" brought its quota of correspondence (a good many letters, by the way, not fully prepaid.) Our correspondents may be divided into three classes. Those of the first class are so sure that they are right, that they cannot at all believe that an intelligent man (thank you) can believe in vaccination. And they charitably assume that we really do not believe in vaccination, but do not dare to say so for fear of opposition, loss of subscribers, etc. To these charitable friends we will say that they are mistaken. We are never afraid of opposition, and we would not refrain from stating our opinion on any important subject if we thought that by doing so we would lose every subscriber we have. If we became convinced of the injuriousness, nay, even only of the uselessness of vaccination, we would not hesitate a moment in declaring and reiterating our conviction in the most unequivocal language possible. And if there is an editor who does not believe in vaccination, but is afraid to say so for fear of losing subscribers—our characterization of him would not be quite parliamentary. No, friends, the editor of the Critic & Guide is not afraid to print anything (that would not render the journal unmailable), regardless of consequences.

To the second class belong those who had nothing to say—except to repeat the same old story about "poisoning the blood," injecting "vile virus," "the stuff from dead calves," etc., etc. No arguments of any kind, and most of the letters written disconnectedly, illogically, ungrammatically. To these good people we have nothing to say. They belong to the kindergarten. They must learn to reason first.

The third class comprises the more intelligent portion of the antivaccinationists. They devoted their argument principally to condemning compulsory vaccination. That is another point. That is a question which will bear discussion. We ourselves are rather against compulsion. If a person is sure that vaccination is a species of poisoning, that it is nothing more or less than tainting his "pure stream of blood with filthy, rotten pus," then it does seem cruel to make him undergo this terrible ordeal by force. Such persons must be educated; invincible arguments and incontrovertible evidence must be presented. Tho we know that most antivaccinationists are impermeable to argument or evidence, still the latter must be our only weapons (except perhaps during an actual or threatening epidemic.) *Force is no argument*, and compulsory health or compulsory

sanitation (except when dealing with semi-savage races) may be as objectionable as compulsory religion. At any rate, this, the subject of compulsory vaccination, is a point that will bear debating. And the truth will be arrived at by unbiased and dispassionate discussion—not otherwise.

Elsewhere in this issue we present a letter from an antivaccinationist, which shows such contemptible cowardice, such utter lack of moral stamina—but words can hardly characterize its author as he deserves to be characterized.

Nicotine and Tobacco.

The poor harmless individual who answers to the name of Pitts Edwin Howes, has again broken loose. In his attempt to stem the tide towards a definite and exact therapy he is performing very funny stunts. He is opposed to the use of alkaloids and active principles. He believes in the use of the whole drug. Very well. Everybody has a right to his opinion. And everybody has a right to use the best arguments to prove the correctness of his beliefs. But if one uses silly, senseless arguments, he must not be surprised if his silliness is exposed. I wonder, says Howes Edwin Pitts, if one would care to smoke nicotine instead of tobacco? Now, friend Pitts Howes Edwin, people do not smoke tobacco for its nicotine effect; in fact, the less nicotine, the better they like the tobacco; and there are even on the market denicotined cigars. People smoke tobacco for its aromatic principles. And where we do want the nicotine (as when it is used hypodermically in certain cases of arteriosclerosis), there we do use the nicotine, and not the entire tobacco leaf. Or would Dr. Howes insist that a teaspoonful of tobacco juice be injected into the blood, when we want 1-100 grain of nicotine?

Let us be sane, let us be rational. Tobacco is not nicotine, coca is not cocaine. We agree to that. But you must agree that where we want nicotine for hypodermic injection, or cocaine for local anæsthesia, tobacco and coca will *not* answer the purpose. Let us be sane and rational. Let us use the whole drug where we *must;* but let us use the active principle by all means whenever it is *isolable* and represents the *desirable* principle of the drug. Can we not *all* agree on this proposition? To us it seems so plain, so simple, and so true.

Drug Fiends.

All over the country efforts are being made to surround the sale of narcotic drugs with severe restrictions. And well that it is so. Too many human beings have been ruined, have suffered a fate worse than death, by the easy and indiscriminate sale of habit-producing poisons. While there are some who believe that you cannot make people good by legislative enactment, I believe differently. You cannot make them good and strong-willed, but you can certainly see to it that temptation

is not put in their way. I do not care for the drug fiends that are. It would be a good thing to let them have all the dope they want; for the sooner they die off the better for themselves and for all around. But there is one point which is frequently overlooked in discussing dope fiends, and that is that fiends take a fiendish delight in making more fiends. As the prostitute has a fiendish glee in seducing the young innocent girl, as the masturbator takes delight in initiating his comrades into the details of the vice to which he is addicted, so the drug habitue wants to have companions in misery and he often offers his dope to his friends "just to try." And the ranks of drug fiends are recruited from the poor unfortunates with an unstable equilibrium, who have been induced "just to try" a dose of morphine or opium by their friends.

We repeat, we want not so much to save the present fiends —most of them are beyond redemption—but we want to make it difficult to manufacture new ones, and for this reason the sale of every habit-producing drug, except on a physician's prescription, should be absolutely prohibited. And no loophole should be left. The wholesalers also should be prohibited from selling narcotic drugs—except to the legitimate retail drug trade and the physicians.

With prohibition that really prohibits we could certainly reduce the number of drug habitués to an insignificant minimum.

As Long as There is Life There is Hope.

(Or The Power of Drugs in Incurable Cases of Cancer.)

And any physician who acts contrary to this dictum or who tells a patient that nothing more can be done for him, acts wrongly and furnishes material for the quack. And let us no delude ourselves with the generally held belief that the quack never does any good. Careful investigation has disclosed the fact that quite a number of cases that have been dismissed by regular orthodox physicians as incurable (and of course the doctors acted in perfect good faith, basing themselves on the regular authorities), were either radically cured or greatly benefited by the advertising quacks. Here is one example related by Dr. Stanley Hope Graves in a paper read before the Norfolk Medical Society (Virginia Medical Semi-Monthly, March 22, 1907.) The doctor had a patient referred to him with large advance carcinoma of the breast. She was willing to submit to an operation, but on examination the doctor found operation out of the question. The patient was 60 years old, very large, fat and asthmatic, and had bronchitis and an enlarged liver. The doctor therefore advised against an operation. "She left the hospital and I heard no more of her until 18 months later she presented herself and to my great astonish-

ment, the tumor was gone and she felt quite well. I found upon questioning her, that she had sought a "cancer cure," that she had paid $150 for treatment and $15 per week for five months. She had as complete a cure as I ever saw. Five plasters of a red salve had been applied, the pain being intense. Most of the time was utilized in healing of the raw surface." This, the doctor adds, has caused him to look up other treatments than the knife for inoperable cases of carcinoma.

All our dicta as to the incurability of certain affections need revision. And our future physicians will have to have a better grounding in the knowledge of drugs, if they do not wish to lose ground with the people.

Internal Treatment in Gonorrhea.

Every once in a while we come across the statement that it is useless to administer antiblenorrhagics per os in the treatment of gonorrhea. Some give as reason that the antiblenorrhagics cannot reach the gonococcus; others come at us with the statement that even if the internal remedies, balsamics, etc., did come in contact with the gonococci, they would not destroy them, for it has been shown experimentally that the balsamics have no inhibiting action on the diplococcus of Neisser.

How any one who has had any kind of experience in the treatment of gonorrheal urethritis can make such a statement has always been beyond my comprehension. To me the favorable effects of internal remedies on the course of a gonorrhea are so positive, so unmistakable that I cannot find any explanation, except perhaps the one that physicians who are making such statements were using exceedingly impure drugs. There is, for instance, a sandalwood oil sold in some drug stores which has no more effect on gonorrhea than so much cottonseed oil. The same is true of balsam of copaiba.

But to return to the statement that the internal balsamics cannot be useful in gonorrhea, because they have no bactericidal action. How many times will we have to repeat that it is not at all necessary that a remedy should have a bactericidal action in order to be useful in bacterial disease? How many times will we have to repeat that the soil is just as important as the seed? A good healthy soil, a good healthy tissue, can as a rule lead a successful combat with most pathogenic germs. And in order to cure a disease due to bacterial invasion we have two methods of attack: We either kill the germs directly if we can get at them, or we endeavor to render the tissues so healthy, so normal, that they are themselves capable of eating up, destroying the invading germ.

In the treatment of gonorrhea we use both silver nitrate, protargol, and potassium permanganate have a direct destructive effect on the germs

remedies—santal oil, copaiba, cubebs, arbutin, calcium sulphide, urotropin, etc.—render the urine and the urinary canal sterile, diminish the inflammation and secretion, in short put the tissues in a *healthy* condition, which is a very *unhealthy* condition for the cocci.

There is nothing so injurious in medicine, nothing so obstructive to the progress of therapeutics, as Preconceived Ideas. Let us free our minds from them—or give up the practice of medicine.

The New York State Journal of Medicine.

Without the least disrespect to Dr. Jones, who thinks that the California State Journal is the only State journal worth talking about, we will state that in our opinion the New York State Journal is the best of all state publications. It has a real editor who does some unfettered independent thinking, and who can convey his thoughts to his readers in pleasing English. We read Dr. Warbasse's monthly "Observations" with genuine pleasure.

Tainted Money.

Some State journals are reprinting articles fom the J. A. M. A. in which certain proprietary articles are assailed, all the while carrying the same articles in their advertising pages. Some may consider it bravery—we do not. In our opinion it is bravado of a peculiarly contemptible kind. To take money from a manufacturer and then hammer him in the reading pages is not honest. If the manufacturer's products are so bad that they need hammering, then we should not profit by one cent of his money. N'est-ce-pas?

Dr. Otho F. Ball, the shrewd and genial editor of the Interstate Medical Journal, objects most decidedly to my characterization of St. Louis as a "city of fakes." He has taken the trouble to show me (he is from Missouri) that St. Louis of the present day is not any more fakey (if as much so) than any other large city in the U. S. In fact, he said most of the fake chemical companies of St. Louis have moved to New York. He seemed to feel so bad about it, that we promised him to be more gentle in the future when dealing with St. Louis.

Dwarfed indeed is that mind which needs an Eddy to teach it that in this life the soul transmits its colors to this clay that contains it. The vagaries of your mind, as surely affect the flesh as the little chameleon reflects the colors of a substance not his own. And this relation of immateriality to materiality was not *withheld from* human knowledge thru all the ages of man to

finally repose itself in the brain of Mrs. Eddy. Only an ass can conceive of it. Only a mind that knows little, not merely of the world yesterday, but of the world to-day, can consider it with any emotion other than ridicule, not even worthy of the dignity of contempt. It was known to pagans. It is practiced all over the world to-day and was incorporated into the practice of medicine long before Quimby quacked or Eddy exercised the devils that possess the sick, maimed and sorrowing.—*Little Devil.*

A Nauseating Letter from an Ignorant Doctor.

One Dr. J. N. English writes in very bad English a letter to the Editor of the Illinois Medical Journal, criticizing him for certain advertisements which the journal is still carrying in spite of the promise of the State journals to have nothing but clean advertising pages. The letter itself amounts to nothing, but it is remarkable as showing the ignorance, the intolerance and the narrow-minded attitude of some members of our profession, an attitude which is not discouraged, but on the contrary encouraged by the overzealousness of some of our would-be leaders.

The doctor gives examples of advertisements to which he objects and here is an instance of his diatribe: "Exodin, Tonols, Urotropin, the very names smell to heaven, and doctors with whom I am associated know no more of their contents than they do of Peruna, and not so much." If Dr. English and doctors with whom he is associated know no more of Exodin, Tonols and Urotropin than they do of Peruna, then they are a disgrace to the profession, a menace to the community and are unworthy of practising medicine. Does Dr. English mean to tell publicly that he is unaware of the fact that Exodin is a definite chemical compound used as a laxative? Does he mean to say that he doesn't know that Tonols are merely a brand name of glycerphosphates? And what is there in those names that "smells to heaven"?

But let us come to the third one, Urotropin. Does Dr. English mean publicly to confess that he doesn't know what Urotropin is and that he has never used it in his practice? Has he got the hardihood to tell us that a drug which is one of the most universally used thruout the world, which is now official in every pharmacopeia is entirely unknown to him?

"I would gladly double my subscription to the Journal," says our ethical doctor, "if these—what I think—abominable advertisements were refused." It actually nauseates one when one considers the ignorance and hopeless bigotry of some members of our profession. They are so rattled, so mixed up that they confuse some of the most valuable additions to therapeutics and materia medica, additions without which no physician can honestly and conscientiously practice medicine, with such nostrums as

Peruna and Hood's Sasarparilla; and I claim that for this confusion the J. A. M. A. is to a great extent responsible. For it should have been its duty first of all to impress upon the minds of the physicians that discrimination is of the highest importance, that in assuming an indiscriminating, condemnatory attitude towards proprietary remedies they were running a great danger and depriving themselves and their patients of some of the most potent weapons in fighting disease.

Sulphogen.

The Converse Chemical Company of St. Louis, successors to the Sulphogen Chemical Company, ask us to state that we did them an injustice in referring to the fake formula of Sulphogen. They now give the complete formula. They write: "We have mailed you to-day a sample of our Sulphogen *as it is now prepared*, and in the future any physician using our preparation will know what each bottle contains to the drop, even if the unscrupulous imitators ruin our business." We received the bottle of Sulphogen and the formula appears on the label. The "mistake," however, was not on our part. It was on the part of the Sulphogen Company, who gave the fake formula. Of course, if the Converse Chemical Company is *now* giving the exact formula, we have nothing against their product.

Changes in the Terminations of Alkaloidal Salts.

It is worth while to remind our medical and pharmaceutical friends, that in the last pharmacopeia the termination *ate* of the *hydro* salts has been changed to *ide*. Thus quinine hydrobromate is now quinine hydrobromide; hydrastine hydrochlorate is now hydrastine hydrochloride.

This note is important. Only recently a druggist called me up to tell me that he did not have hyoscyamine hydrobromide which I had prescribed, but he had hyoscyamine hydrobromate. There was a delay of several hours in making up the prescription. And a great number of physicians who are prescribng my hydrastine-strychnine mixture, have reported to me that they had difficulty in having the formula put up in some stores, because the druggists did not have hydrastine hydrochloride, tho they had hydrastine hydrochlorate! Why the change has been made, would take too much space to explain; suffice to say that the change is an improvement, for the terms hydrobromate and hydrochlorate were absolutely wrong, while hydrobromide and hydrochloride are correct.

It should be the duty and the pride of all pharmacists and physicians to at once familiarize themselves with the additions,

changes in strength and changes in terminology of all official articles as soon as a new edition of a pharmacopeia makes its appearance.

The Everlasting Pill.

We have referred in the past to the economy which used to be practiced by our fore-forefathers. Thus, for instance, it was customary to use leeches over and over again and there are instances of infection with syphilis by leeches that had been previously used on luetic patients. But we believe that the everlasting cathartic pill beats everything in the line of economy. This pill was a little bullet composed of metallic antimony which had or was believed to have the property of purging as often as it was swallowed. It is not inconceivable that it might have had such property, for it is possible that a minute amount was dissolved by the gastro-intestinal juices and this amount, plus suggestion, was sufficient to produce cathartic action. Then again the everlasting pill probably aided peristalsis by its mechanical weight and motion. The bullet was passed out, recovered from the feces and used over and over again. This, as Dr. J. A. Paris says, was economy in right earnest, for a single pill would serve a whole family during their lives and might be transmitted as an heirloom to their posterity. We have heard of a lady, says the Doctor, who, having swallowed one of these pills became seriously alarmed at its not passing. "Madam," said her physician, "fear not. It has already passed thru a hundred patients without any difficulty."

We do not think that the everlasting pill would be popular at the present time.

Original Articles

Informal Chats on Therapeutics.

By George F. Butler, M. D.

Professor and Head of Department of Therapeutics American College of Medicine and Surgery, Chicago, (Medical Department Valparaiso University), etc.

Despite the indifference to therapeutics manifested by many surgeons, and not a few ultra scientific physicians, there are many earnest workers who are adding to our pharmacological knowledge, which enables us to treat disease with increasing certainty.

What are we in the practice of medicine for if not to use our best efforts to prevent or cure disease? And no one is using his best efforts or fulfilling his full duty if he ignores therapeutics. We should become thoroughly familiar with the physiologic action of all remedies—whether they be drugs, water, electricity, or whatever is used.

What is needed more than a knowledge of the action of drugs on healthy animals is the knowledge of the action of drugs on the human body, particularly in disease. Drugs of the same chemical composition may have directly opposite actions on the body. Two compounds may contain exactly the same elements and the same number of atoms of each, yet if these atoms be differently arranged the compounds may differ entirely in pharmacologic and therapeutic properties. Methyl nitrite and nitro-methane have the same formula ($C H^3 NO^2$ but the oxygen and nitrogen atoms in the two substances are joined together in a different way. The result is they act quite differently: the nitrite dilates the vessels; nitro-methane has no such action.

There has been much controversy recently as to whether hyoscine is the same as scopolamine. It may be chemically, I do not know, but I do know that the effect of hyoscine on the human system differs from that of scopolamine.

It is claimed by some persons that hyoscine possesses no special anodyne action, yet I know from actual clinical experience that one tablet of hyoscine, morphine and cactin produces marked general anaesthesia. The morphine alone will not have this effect, that is, the amount present in one of these tablets; the hyoscine alone will not have this effect, neither will the cactin, but the combination is ideal. Some peopleple say the cactin is of no value in this combination and have suggested strychnine, but this does not do the work; atropine, which also has been suggested, renders the mixture dangerous in the extreme, and scopolamine, which is said to be identical to hyoscine, is, strange to say, less efficient and not nearly so safe.

Just why the mixture known as hyoscine, morphine and cactin has such a remarkable action, I do not know. I doubt if it can be explained. The chemistry of the body is often beyond our comprehension. We know that a seemingly unimportant change outside the body will result in most important changes in the pharmacologic and therapeutic effect of a drug. For instance, if pilocarpine be heated with dilute hydrochloric acid, it is converted into jaborine, a compound allied chemically to pilocarpine, but resembling atropine in its pharmacological action. The changes which can thus be effected in a drug outside the body may also be produced within the body; more-

over, these changes may vary with the conditions of the body. For instance, magnesium carbonate will act as a laxative when taken into the system provided it comes in contact with an acid, otherwise it will not. Many similar examples could be cited.

The action of drugs is fundamentally a question of protoplasm chemistry, but the investigations of the biologist have not yet reduced the interpretations of nature to a question of molecular physics; until they do, pharmacology will retain the words irritation, stimulation, depression, paralysis and death of protoplasm.

We know that the action of drugs varies on the normal body. How much more variable are the results of pharmacotherapy on the diseased organism! At times a given agent acts with less force on a diseased organ than on a healthy one; at times again with greater activity, and still further the action of a drug may vary widely in health and disease.

At the present time the limits of present day information offer but little hope for a better interpretation of these questions, and not only is the clinical side of the problem obscure, but the chemical side is equally uncertain. It seems that different chemical actions must be considered. Many compounds others act on the tissues and are eliminated unchanged, and seem to react on protoplasm with a mutual disarrangement of the molecules; thus the action of strychnine is interpreted; yet have probably altered the chemical character of the tissues acted on. The study of ion or electrolytic dissociation has already opened up new fields in physiology, and the ground is being broken in pharmacology.

The theory of electrolytic dissociation is only one of the many developments of physical chemistry that promises much if applied to the problems of pharmacology or the biological sciences in general. We must attribute a large part of our present ignorance concerning the general laws that underlie the action of drugs to the failure to recognize and utilize the fruits of this new science.

The action of electrolytes must be analyzed into the action of their constituent ions. Once we grasp the notion that the activity of a given substance is determined by the ions it yields upon solution we shall, perhaps, find a method of rearranging our system of dosage upon this basis—a process analogous to the regulation of the dosage of crude drugs based upon their alkaloidal content. And, after all, the value of a crude drug depends unquestionably upon some active constituent which it contains—an alkaloid, glucoside, resin, oil, etc.

Owing to this fact that it is very difficult to determine definitely the action of crude vegetable drugs, for in many in-

stances more than one of these active principles are present, and not infrequently we find them closely related chemically, being probably derived one from another in the chemical processes going on in the plant.

The number and amount of active principles in a plant is largely influenced by the circumstances connected with its growth, such as temperature, nature of soil, etc. Stenhouse found that scoparius grown in the sun contains four times as much alkaloid as that grown in the shade. Not only so, but the relative amounts of the various active principles will vary somewhat as the conditions under which the plant is grown are favorable to the occurrence of chemical changes or the reverse.

From these causes the effects of crude vegetable drugs, and therefore of the galenical preparations obtained from them, must necessarily vary; and this variation is at times increased by differences in the method of preparation. Hence arises, perhaps, the divergence of opinions so often noted with regard to the therapeutic powers of certain drugs. If the relative quantities of the active principles vary under different conditions of growth, the effects of preparations apparently identical will still be liable to corresponding variation; this may occur especially where drugs contain substances easily modified, as in the case of atropine and hyoscyamine. Ladenberg has given reasons for believing that the latter is changed into the former even by the process of extracting the alkaloid.

Our therapeutics would be more certain and accurate if we used only the chemically pure active principles. Let us begin anew the study of definite active substances upon the human organism both in health and disease.

Perhaps no departments of medicine have been so subject to the criticism "unscientific" as those of pharmacology and therapeutics. Pharmacologists still hold the most contradictory positions regarding the action of specific drugs, and therapeutists have at their disposal but few means which enable them to predict with definiteness the course of disease. Our modern therapeutic nihilism is undoubtedly the reaction of a thinking medical profession against an antiquated empirical use of inert, or unreliable remedies. But as is customary with such reactions, the pendulum has swung too far backward. In order to restore it to its right position it is necessary that our weapons —our materia medica—be of the best possible quality, and then, with proper armamentarium, we are prepared to reconstruct our knowledge of pharmacology and therapeutics, and rebuild it upon a basis of newer interpretations, which will yield us such universally good results as to compel the respect of the most skeptical.

When Morals or Ethics Conflict With the Interests of the Patient or of Society.

By A. L. Benedict, A. M., M. D., Buffalo.

It is to be expected that an article of this nature will meet with objection, even in regard to the title itself. On theoretic grounds good morals are at the basis of human welfare, yet there are instances in which the immediate welfare of the patient or even of society in smaller or larger groups, certainly does seem opposed to general principles of right and wrong. At any rate, intelligent men and women can not hide their heads in the sand of preconceived ideas and imagine that the danger is averted. A free discussion of such paradoxes, therefore, is in accordance with the highest ideals of ethics, provided always that the discussion is in the right spirit and is limited to mature minds, strong enough to recognize, both in theory and practice, the distinction between right and expediency, and, indeed, between a selfish, short-sighted expediency and that which is altruistic and far-sighted.

Probably the most common and most serious conflict of the nature mentioned, occurring in the experience of our profession, is in regard to abortion. It is such a simple and comparatively safe matter for a skillful and aseptic operator to interrupt an undesirable pregnancy at an early date, before the product has assumed the gross appearances and phenomena of human life, so much is at stake for the individual and her family, the circumstances attending the infraction of social law have so often been of an extenuating nature, that the natural temptation is to comply with the request. Even when the parents are married, there is often involved so much expense, interference with plans and actual hardship or menace to health, that it seems as if the interests of all concerned demand an abrogation of the principle of the sixth commandment.

Now, in this case, the ethics of the matter are so important and the alternative is so grave, that the decision is simple, in spite of the specious claim on our sympathy. The foetus is in almost exactly the same position as an adult who is a source of anxiety, embarrassment or detriment to his family. We frequently encounter such adults, whose death any impartial judge would consider an advantage to that part of society with whom he comes in contact. But no right minded person pleads for the killing of an adult merely because he mortifies his family or is an unwelcome member of it, or even because he is essentially wicked and worthless. Certainly, so far as the last considerations are concerned the foetus is blameless.

It is universally conceded that killing in self-defense, in war, or as the enforcement of justice against criminals, is proper. The foetus bears no analogy to the adult on the last two counts

but there are cases in which the early termination of pregnancy is a matter of self-defense of the mother, in a quite literal sense. That is to say, the continuation of pregnancy means, not a subtle menace to life by mental or remote physical influences, nor the statistic 1% mortality of labor, but a very direct risk of appreciable magnitude. In regard to these cases, we have almost the only example of a divison of ethical sentiment according to religious tenets, among enlightened Christian peoples. The rule of the Roman Catholic Church places the interests of the foetus paramount and forbids intentional abortion under any circumstances. On the other hand, the clergy and laity of most other denominations are practically unanimous that when there is an unmistakable conflict for life between the foetus and the mother, it is proper to give preference to the latter. This is certainly the sociologic as opposed to the religious ethics of the matter, since the foetus is very likely to die before reaching a useful age, whereas the mother is not only a potential but an actual member of society and her death involves suffering and loss not only to her immediate family but, ultimately, to society at large. Society has few losses so great as the breaking up of a home, especially one with young children in it.

Obviously, however, even with the best motives, abortion should not be performed without a careful consideration of the circumstances of the individual case and, particularly, not without expert medical council.

There is an occasional, minority report, sometimes presented in a formal appeal for legislation, to the effect that insane or hopelessly diseased or crippled human beings should be put out of the way, both as a mercy to themselves and as an economic advantage to society. Without in any sense approving of this view —tho it would be wrong not to recognize the good faith of many of its promulgators—it should be pointed out that it has little applicability to the foetus. Even when we might feel most positively that physical or economic conditions of parents would prevent the birth and rearing of a useful and fairly happy offspring, experience intervenes to prove that our anticipations may be unnecessarily pessimistic. In syphilis and some other infections, it is true that the chances of rearing a healthy child are slight. Fortunately, however, we are relieved of grave responsibility by the fact that, in such cases, intrauterine or early postnatal death usually occurs and, if the child does survive, it has a fair chance of achieving a fair standard of health and usefulness. The cases in which a miserable existence is indefinitely prolonged are, statistically, too few to warrant the serious contemplation of abortion.

In this, as in analogous ethical considerations, the writer would confess to being unable to appreciate how non-religious persons

reach the same conclusions as are dictated by Christian ethics. This does not imply that the writer fails to recognize the general agreement on ethical and moral points of all religions worthy the name nor that an atheist may not be a well-behaved citizen and actuated by an altruistic regard for the welfare of others. But, if a man regards human life as merely an automatic manifestation of cellular activity, without any spiritual essence, it is difficult to state why he should consider human life as sacred or should designate it by any other term involving the same regard for its preservation.

A somewhat similar ethical consideration applies to the prevention of conception. Indeed, one may say that the prevention of conception is abortion of the third degree. However, it must be admitted that the difference is very marked. For instance, while it is wrong to steal another man's property, it is a rather recondite offense to refuse to help him to acquire property. So, there is an equally vast difference between the interruption of a human life, even antepartum and the refusal to procreate or to to allow that human life to take form. Whatever may be said as to the strict ethics of the matter, there is no question but that sociologic ideals do not permit the full limit of fecundity. It is, we understand, susceptible of mathematic proof that, without great wars, famines and epidemics—and the avoidance of these is certainly ethical and feasible—the unrestricted multiplication of the human race would fill the world within two hundred years. Of course, just as a hyperbole never touches its asymptotes, disease and deprivation due to overcrowding would prevent this limit from ever being quite reached. Meantime, it is perfectly apparent that human society could not exist in its present enlightened form if every woman of marriageable age were kept in a constantly repeated state of pregnancy. Families of ten or a dozen children are perfectly feasible for those of exceptional wealth and for those living in a crude way with no thought of the welfare of existing children or the comfort of the parents. But, even with public or private assistance from the more thrifty—and less ethical part of society, actual experience shows that in a highly developed society, the average family simply cannot do justice to modern demands for themselves and their children, if the number of the latter is not restricted by something more than the natural limits of fecundity.

[We are surprised to note Dr. Benedict's failure to appreciate the radical difference between abortion and prevention. The difference is not one of degree merely; it is most positively one of kind. In fact no comparison can be made between the two.—Ed.]

Thus, whatever may be said as to the ethics of the question—and it should be noted that the writer does not express himself

definitely on this point—the limitation of offspring should be regarded as absolutely inevitable from the sociologic standpoint. Right or wrong, the average man or woman will not submit themselves to the standard of living—perhaps existence would be a better word—which the average income permits with a nonrestricted fecundity. And, right or wrong, they will take this course not merely from selfish motives for the sake of social enjoyment in the specious sense, but they will hold that it is better to rear a few children who are well dressed, well fed, well housed and well loved, than a large number who must inevitably suffer neglect at least of an intellectual sort.

It is often stated that the possibility of preventing conception conduces to immorality. There are undoubtedly instances in which this factor has an important influence in determining the course of action and yet the writer would be unwilling to admit that womanly virtue was supported, to any considerable degree on so base a foundation. Nor does it seem entirely cynical to hold that anatomic virginity due to fear of pregnancy is of very little value either to the individual woman, her prospective husband or to society at large.

The matter of bastardy has been discussed at length by others. While admitting the contention that bastards are often persons of excellent character and of value to the community—as shown by history— and while granting that family pride and genealogic interest may be carried too far, the average bastard is a mortification to himself and his relatives, and too often a burden to society. Whatever may be thought on this subject from the strictly ethical standpoint—and it seems to us that the injection of the ethical wrong of preventing conception, into a matter which is about as unethical as can be imagined is rather like straining at a gnat after swallowing a camel—there seems to be no question from the sociologic standpoint that the conception of bastards might better be prevented. It should not be forgotten that the terrible complications incident to the misegenation of radically different races, all go back to unions that are either frankly transient and disreputable or that are travesties of honorable marriage. Even the most ethical sociologist would probably admit that it would have been better that such unions had not been fertile, but this admission begs the entire question.

A rather important problem for the conscientious physician is the advice to be given with regard to extra-marital sexual indulgence. The problem is very easy for either the man who has no moral views on this question or, at the other extreme, for the man who holds that perfect health is compatible with continence. We need not here discuss the scientific question of fact involved. But, granting that a physican holds the ordinary views as to the constitution of society and, at the same time believes that no

physiologic function can be suspended without ultimate damage to the organism, he is placed in a peculiarly trying dilemma, between his sense of his professional duty to the patient making inquiries along these lines, and his sense of duty to society at large. Whatever our individual views may be, it must be admitted that it is not unreasonable to hold that the moderate gratification of an appetite and the performance of a physiologic function, is conducive to physical well-being. It is also plain that it is not only in accordance with professional ethics but a matter of common honesty to give the patient correct advice. That is the goods which the patient pays us to deliver. It is too horribly cold-blooded to advise a patient, especially a woman, to seek illegitimate sexual indulgence, and its results are notoriously dangerous, physically and morally. In nine cases out of ten, the mixture of physical advice and moral admonition results as disastrously as any other prescription of incompatibles. The writer is, fortunately, relieved of considerable embarrassment in this regard by his limitation of practice, tho it is shirking a responsibilty to refuse to answer the question on such a ground. He confesses his inability to solve the problem propounded in a satisfactory manner.

It is by no means accidental that the ethical consideration suggested by the title should be mainly limited to the somewhat disagreeable field of sexuality. Medical practice obviously deals largely with physical matters, even when we characterize them as nervous or mental. Ethics, as applied to the human body, centers mainly in the sexual organs. If a physican is asked to take life, to assist in producing disease or mutilation, to assist a suicide, to incarcerate a person on the plea of insanity, to perpetrate an insurance fraud, there is no question of professional ethics but of gross criminality. In other respects, it often happens that the physican's influence may be directed so as to educate and to conduce to right physical and mental living, but—in such instances there is almost no possibility of a conflict between morals or ethics and the direct advantage of the patient.

Over-Treatment in Gonorrhea.

By William J. Robinson, M. D., New York City.

With each additional year of practice I become more and more convinced of the enormous damage that gonorrheal patients suffer from too strenuous treatment. I am not referring to wrong treatment, but to too active, too frequent manipulations, too strong and too frequent injections, too forcible dilations, too violent massaging and stripping, etc. I could give dozens of illustrative cases in which "letting the patient alone" for a while produced better and more clearly evident results than months of treatment. Three cases, however, will suffice:

Case 1. Lawyer, age 26. First attack two and one-half years ago. For the first year he was treated rather off and on, by various general practicians. He was declared cured, but two months later he again noticed discharge. He is sure that it was no fresh attack, as he refrained from sexual intercourse. He went then to a specialist, who treated him for about four months, with the result that he was "practically" cured, but as the urine still showed shreds, he went to another specialist. This one treated him energetically, by prostatic massage, stripping of the vesicles, instillations, irrigations, sounds and dilators. The patient's condition promptly became worse. In spite of this the treatment was persisted in for nearly eight months. The patient's condition remained practically unchanged, improving one week and getting worse the next. Finally, the patient lost patience and thought he would change physicians, and the result was that one early morning I was honored by a call from him.

Examination showed the *goutte militaire,* and numerous small shreds in the urine. The most careful microscopic examination, however, failed to demonstrate the presence of gonococci. No stricture. Some dribbling of urine after urination (something we notice quite frequently in patients who have undergone numerous forcible dilations). Symptoms of slight cystitis. I at once gained the conviction that this patient had been overtreated. There seemed to be no justification for endourethral treatment. At any rate, as every kind of modern treatment had been used on this patient, I decided to give him the benefit of the doubt. The best thing for that urethra, I thought, was to leave it alone and give it a chance to get well. I ordered for the patient small doses of arbutin, urotropin and ammonium benzoate, and told him to take hot sitz-baths every day or every other day. For the urethral canal I did absolutely nothing. The improvement was immediate and in three weeks the patient was practically well. I kept him under observation for six weeks more, but I could find no indication for urethral treatment; and at the end of that period I discharged him *cured.* I saw him three months later, and there was no return of any of the symptoms.

Case 2. Young man of 22, druggist. First atatck about fourteen months ago. He consulted a general practician, who recommended different injections. The discharge would not stop. He became discouraged and decided to be his own doctor. He used practically every astringent official in the Pharmacopeia, and every non-official gonocide and astringent. From the old zinc sulphate plus lead acetate, through alum, copper sulphate, zinc chloride, silver nitrate, protargol, argyrol, ichthargan, ichthyol, colorless hydrastis, Kennedy's pinus canadensis, down to Bib G.—all these, singly and in combination, he inflicted on his urethra. Two or three times the discharge had stopped entirely, but as soon as he

would stop the injection the discharge would return. This would frighten him and he would return to his injection—to the same or some other combination, which he would copy from text-books or from his prescription file. I ordered him to stop all injections and not to mind the discharge. The discharge did return, but became gradually less and less in amount, and ceased entirely at the end of five weeks. This case left no doubt in my mind that a discharge may persist exclusively through the use of injections—especially of inappropriate strength, or when used with too much force. The patient has remained well for over three months, there being no trace of discharge, although he had returned to the worship of Bacchus and Venus.

Case 3. This case is chiefly remarkable for the number and frequency of prostatic massages and stripping of seminal vesicles which the patient had undergone. I believe, nay, I am sure, that if a perfectly healthy individual, with no affection of the genitourinary tract, had been subjected to so many prostatic massages and strippings, he would have developed an obstinate prostatitis and vesiculitis. The trouble with this patient when he came to consult me was really nothing more or less than a prostatourethrorrhea.

Hydrastine and arbutin internally and half a dozen applications of the cold rectal sound brought about a cure.

Ne quid nimis is a good maxim in medical treatment as well as in every other line of human activity.

Syphilis and Marriage.

In two recent communications Professor Fournier has drawn renewed attention to this important subject. From his statistics of syphilis in women of all classes, he finds that in 20 per cent it occurred in those who were married. Out of 312 cases of syphilis in married women, in 218, or about 70 per cent, it arose from syphilis contracted by the husband before marriage, and in 94, or about 30 per cent, it arose from syphilis contracted by the husband subsequent to marriage. Professor Fournier's papers deal only with the first class of cases, those in which the wife was contaminated thru the agency of syphilis acquired by the husband prior to marriage. It is significant that out of 154 cases of this class the manifestations of the disease presented themselves in no less than 117 of wives thus contaminated during the first six months after marriage, whilst in only 13 did they appear in the second six months, and in 9 in the course of the second year. Equally significant is it that in 3 cases the first symptoms manifested themselves as late as the sixth year of marriage, in 2 in the seventh, and in 2 others as late as the eighth and ninth years respectively. Some cases of early contamination after marriage were due to a syphilis in a state of incubation in the husband, acquired as the result of a traditional

and dangerous ceremony entitled "enterrement de la vie de garcon," where a sensual orgie is participated in as a preliminary to the lawful indulgence of matrimony. A still greater number of early cases were due to husbands marrying with syphilis in the full tide of secondary manifestations.

Fournier laments the too-frequent infection of an innocent wife by a syphilitic husband, since it is a calamity largely preventable. For its occurence he holds the medical profession to some extent responsible. With the criminally callous who marry while suffering from a recent chancre, and with the recklessly indifferent who do so in the stage of secondary manifestations, no conceivable measures will prevail. But a large part of the evil, he pleads, is due to sheer ignorance on the part of the laity, and might be prevented by instruction from the profession as to the nature and course of the disease. But how any further instruction other than that at present available is to be given is not very apparent. In a minor number of cases he blames the medical profession for sanctioning the marriages of syphilitic men too soon after infection. Especially does he lament that a master like Jonathan Hutchinson, for whose writings no one has a greater admiration than he, should sanction marriage at so early a period as two years after infection. It should be remembered, however, that Mr. Hutchinson sanctions marriage at such an early period only when he is satisfied that treatment has been thoro and complete, and states that he has never had to regret his sanction under such conditions. The lack of information as to amount and length of treatment, indeed, does much to minimize Fournier's strictures on those members of the profession who sanction marriage at an earlier period after infection than he is inclined to adopt. Nevertheless, and in spite of Mr. Hutchinson's personal success, we are disposed to think Fournier's advice to delay marriage until four or five years after infection right and reasonable, especially when the welfare of the offspring has to be considered as well as the wife. It has been said that the extreme caution enjoined by some authorities on this point would soon depopulate the earth, but the sarcasm may well be neglected.

Syphilis in innocent married women is more deplorable than the disease in others, for the reason, as Fournier points out, that it is apt to be worse treated. In many cases, the husband, from cowardice, keeps the knowledge of his wife's contamination to himself and the treatment of it in his own hands. In other cases he prevails upon the doctor to treat his wife without imparting to her the real state of affairs. In either instance the wife's ignorance of her condition leads to treatment being abandoned on the first disappearance of active symptoms, with disastrous results both in the near and distant future. It is not uncommon, Fournier states, for doctors to be misled in the later stages of syphilis acquired in this way by the wife's confident assertion that she had never suffered from the disease. The *subject of syphilis in* chaste women is important, and Fournier's *communications* are worthy of his high reputation.

Book Notices.

TEXT-BOOK OF PSYCHIATRY. By Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C. Krauss, M. D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane, etc. 311 Pages. Cloth. $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa. The volume before us brought back to our mind the days of old, when we used to attend Prof. Mendel's neurologic clinic. The good old man was—and still is—a prime favorite with American doctors and his clinic is always crowded. This work is one of the very best on the subject that we have had the pleasure of examining and it is with a genuine sense of satisfaction that we recommend it to every general practitioner and medical student. The translator has done his work very well, indeed.

BIOGRAPHIC CLINICS. By George M. Gould, M. D., Vol. IV and V. Cloth, $1.00 each. Quite some change has taken place in public opinion regarding eyestrain since the publication of the first volume of Dr. Gould's Biographic clinics. There can hardly be any question but that the eyestrain theory is gaining force and that the number of its adherents is growing rapidly. But how many obstacles Truth must overcome before it begins to gain the rights of citizenship. Besides several general articles, Vol. IV contains very interesting "biographic clinics" of Balzac, Tchaikovsky, Flaubert, Lacfadio Hearn and Berloiz. Vol. V contains 23 chapters dealing with the relationship of eyestrain to various diseases, to suicide, crime, etc. The last two chapters, A Conspiracy of Silence and An Historical Parallel, will be read with great interest by all those who engage occasionally in the ungrateful and unprofitable occupation of presenting popular truths to an apathetic world. In conclusion we will say that we have read every one of the five volumes of Gould's Clinics, that have appeared so far, with great interest and every intelligent physician will find in them a multitude of useful thought-stirrers. And our physicians need thought-stirrers more than anything else.

INTERNATIONAL CLINICS. VOL. I. SEVENTEENTH SERIES. This volume is up to the standard of the previous volumes, which we have had occasion to commend a number of times. The section on treatment contains the following papers: On the Psychic Treatment of Some of the Functional Neuroses, by Lewellys F. Barker; Recent Advances in the Prevention and Cure of Tuberculosis, By Frederick P. Gay; Diagnosis and Treatment of Gastric Ulcer, by David Somerville, and the Treatment of

Functional Heart Disease, by James J. Walsh. Then there are sections on Medicine, Surgery, Gynecology, etc., also a section on Progress of Medicine During 1906. [The price per cloth bound volume of this excellent quarterly is $2.00. J. B. Lippincott Co., Philadelphia.]

PARAFFIN IN SURGERY. A critical and clinical study by Wm. H. Luckett, M. D., Attending Surgeon, Harlem Hospital. 38 Illustrations. 118 Pages. Surgery Publishing Company, 92 William Street, N. Y. City. Cloth, $2.00. This well written volume presents the Chemistry of Paraffin, the Early Disposition of Paraffin in the Tissues, the Ultimate Disposition of Paraffin, Technic and Armamentarium. It covers the use of paraffin in cosmetic work such as Saddle Nose Deformity, Depressed Scars, giving a number of photographs showing cases before and after operation, with illustrations of micro-photographs of the disposition of the paraffin in the tissues. It also presents other conditions of a functional character, where paraffin can be used with service such as Incontinence of Urine, Umbilical Hernia, etc. Full details are given as to the method of preparing the paraffin as well as the method and manner in which it should be injected.

PLASTER OF PARIS AND HOW TO USE IT. By Martin W. Ware, M. D. Adjunct Attending Surgeon. Mount Sinai Hospital. 72 Illustrations. Surgery Publishing Co., 92 William Street, N. Y. City. Cloth, $1.00. The whole subject, from the making of the bandage to its use as a support in every form of splint, corset or dressing is well described and illustrated in this book of about 100 pages. The use of plaster of Paris in dental surgery is also covered. It is printed upon coated book paper and bound in heavy red buckram.

PSYCHOLOGY APPLIED TO MEDICINE. By David W. Wells, M. D., Lecturer on Mental Physiology, Boston University Medical School, 1907. F. A. Davis Company, Philadelphia. Cloth, $1.50. As the author tells us in the preface the essay before us is an attempt to bridge over the gaps between psychology and medicine. Medical education in the past has tended toward an ultra materialistic conception of biology, and this volume endeavors to emphasize the psychic and psychologic sides.

THE WONDERS OF THE COLORADO DESERT (Southern California). Its Rivers and its Mountains, its Canyons and its Springs, its Life and its History, pictured and described, including an account of a recent journey made down the overflow of the Colorado River to the Mysterious Salton Sea. By George Wharton James, author of "In and Around the Grand Canyon," "The Old Missions of California," etc. With upwards of three hundred pen-and-ink sketches from nature by Carl Eytel. In two

volumes. Cloth and Gold. $5.00. Postage, 45c. This is one of the best and most fascinating of books, written by one of the best and most fascinating of men. To lovers of nature it will be a feast of delight. Every page is interesting. Not only interesting but full of valuable information. Those who cannot tear themselves away from their desks and offices and business will do well to read this book. They may get infected with an irresistible desire to get out and commune with nature for a while. And every man who communes with nature once in a while is a better man for that. The last chapter, "The Lure of the Desert," is grandly magnificent. We predict it will become a classic. It certainly deserves to become one. We regret that our limited pages do not permit us to devote more space to a review of these splendid volumes. [Little, Brown & Co., Boston].

Letters to the Editor

A LETTER FROM AN ANTI-VACCINATIONIST.

It is amazing at this enlightened age people with the supposed education and knowledge they should have in the position they have to assume cannot be induced to *think* and use their God given faculties to better purpose than is shown by the low plane of advancement they display in affairs of this nature. If there is anything a mortal born into this world has a positive right to it is *his* or *her blood.*

To corrupt and disorder a pure current or life stream with a vile pollution from a diseased or disordered lower animal—no difference how healthy before being prepared or contaminated by cow-pox—is repugnant and debasing to *every good element* of the human mind, *heart and body.* The heifer has to be disordered or diseased or it would not have the pox vesicles producing the matter. The advocates of innoculation of the human blood by the vile *virus,* being so "cock-sure" accredit all the amelioration and subsidence of virulent and repeated ebulitions of small-pox to this measure. They never think of the condition of mankind then—the past—and now; his sanitary surroundings in the past; his habitations; dietetics; his means of heating his dwelling; to say nothing of his measures of treating diseases like small-pox, let alone the acts to prevent its spread.

Of course, I am a physician. I vaccinate in the up to date manner. If I did not the other "fellow" gets the dollar or half dollar "per" if *I don't.* It is the easiest earned money. Besides I avoid the annoyance of losing the family or patient to the other physician. I dont spend valuable time in explanation or argument to the people or patient as to benefits, results, etc. Nor waste time with "form of law" or officials.

I am not going to China to argue with the natives regarding the value or usefulness of their "queues."

Oh. no. I am not here for that. How long do you think I would be convincing or getting them enlightened? I am faring better; I have learned to slide with the current. It matters not what God given rights you have when you collide with "man," particularly the "high moguls" conected with Circulars like the enclosed "it is stand and deliver." I have

been in practice since 1878 and active in the epidemic of the early '80s here and also the last epidemic. I have attended cases in all these periods with the disease both vaccinated and unvaccinated and am satisfied there is nothing to the claims of this vile measure of vaccination except the "pecuinary returns."

We present the above letter (in all illiteracy) sent us by Dr. Z. T. Miller, of Pittsburg, Pa., a strong anti-vaccinationist, as a sample of the moral and mental caliber of those who are opposed to vaccination. We sincerely hope that not all anti-vaccinationists are so morally torpid. Here is a man who considers vaccination a vile pollution of the pure currents or life-stream; the process is repugnant to him—and still he has the callous impudence and effrontery to confess that he performs vaccination because otherwise the other fellow will get "the dollar or half-dollar per." Can moral degradation go any lower? If the fellow (I can't call him doctor) believes that in vaccinating he is injuring the people's health, "polluting their stream of life blood," then he is a soundrel for continuing the practice. He should rather go out and clean the streets, than to remain in the poisoning business. Can such a person's arguments on any subject amount to anything?

Dear Editor: Have just read a sample copy of the Critic & Guide. Like your fearless style. Enclosed find $1.00. Believing you to be a man not afraid to investigate anything, I am sending you some literature on socialism. Please read it. All of it. [And I knew all about socialism when I was in my teens.—Ed.] What we want is truth, justice and equality between man and man. Wesley Van Nette, M. D., Lock Box 88, Clyde, O.

Dear Doctor: Just returned from Europe and find a copy of the Critic & Guide among my mail. I think your publication is a treat, so please send it along for the enclosed dollar. Fraternally, Dr. Wesselowski, Downs, Kansas.

Dear Doctor: You are a crank after my own heart. You know that "to dare to say what other men only dare to think make men martyrs, sages, etc." So dig in. You are right and truth will eventually prevail. Don't let us lower the standard because it seems to obstruct someone's views—of dollars. Enclosed find check just to become acquainted. Fraternally yours, N. F. Tilton, M. D., 123 1-2 West Center St., Marion, O.

Dear Doctor—I received copy of your C. & G. a few days ago, and read it from cover to cover. I am so well pleased with it, that I feel I must have some more of the same intellectual common sense food and enclose $1.00. Dr. Francis A. Mitchell, New Albany, Md.

Dear Doctor—Looking over the sample copy of the Critic & Guide received a few days ago. I find it a valuable journal, different from other medical journals. Enclosed find check for $1.00. Yours, Otto Carl Stutz, M. D., Upper Sandusky, O.

Dear Doctor—Just received first copy of Critic & Guide I ever saw. Have read half-way thru it. Here is your dollar for the year. What I have read so far is worth the $1.00, at that rate I will get $20.00 worth for $1.00. Yours, Dr. Calvin F. Kyte, 77 Garrison Ave., Jersey City, N. J.

Dear Doctor—I have just read March copy of Critic & Guide and enclosed please find $1.00. I consider the C. & G. in a class by itself. Yours very truly, J. H. Helfin, M. D., Rex, Ga.

Dear Doctor—I am struck with the spirit of the Critic & Guide. Enclosed please find $1.00. Yours respectfully, J. Q. Sackett, M. D., Lock Box 22, Herman, Minn.

Dear Editor—I have just finished reading the sample copy of your journal, and I wish to say that for truth, and honest straight-forward conviction, expressed in plain, unmistakable language, it is the best and only

one of its kind that has ever come under my observation. I like the principles advocated. I believe in reforms and most heartily join your ranks—enclosed find $1.50. May your influence spread and your journal survive all the jars and obstacles put in its way and stand ever upon the basic principle of immortal truth. Respectfully, E. E. Sherman, M. D., Keosauqua, Iowa.

Dear Doctor—I have received a number of copies of the Critic & Guide, and the conception I have recently formed, varies very materially from my earlier impression. Its independence and impartial criticism reveal its unique character in journalism, and commend it to all independent and thinking physicians. As time passes I become more and more interested in this style of literature. In recognition of this appreciation, I enclose check. Yours very truly, L. S. Blackwell, M. D., 218 High St., Perth Amboy, N. J.

A LITTLE GEM ON THE SUBJECT OF PREVENTION.

Dr. William J. Robinson

Dear Doctor—In the Critic & Guide For March on page 15 under the head of an Every day Example and Query, I want to say that I am surprised to here a Man of your supposed inteligence to ask in sincerity if it would not be better to criminally limit the off spring of the Poor, what would you gain by adding crime to poverty? it has never been held a crime (even in N. Y.) to bee Poor, now Lr let it be settled once for all that God is the other of the Human Race just what he means to do with the Human race may not be clear in fact it is none of our business the thing for us to do is to furnish our dayes work and let him say whether we are to receiv our penny or not. reproduction is a God given faculty and the Man who seak to limit it or destroy it is fighting squarley a gainst the Author of the Universe and is an Enimy of his own race. the Man or Woman who seak to destoy the Products of conception lowers the Family Alter to the level of the vile den of the prostitute. Human life is more than money, is a man justified in killing his own children be cause his business failes? then the history of our country and the history of the Human race would read verry diferent if we was to exclude from its pages all the workes of our grate men who was born in obscure poverty we would cut out the workes of the immortal Lincolen. X Poor old Homer would still be begging his bread throug the Streets of Troy. I am well a ware that ter is a growing sentiment even in the medical profession to make misconception easy. and for a money consideration some of noble profession have sold thir birth right. but should every Doctor from the dayes of Hypocraties till now Practice Crinal abortions or criminal preventon of conception it would not proove it right, it would only prove that the Medical Profession was made up of a long line of criminals ranging from infanticide to man slaughter. do not be deceived the thing is wrong and no complex Platitudes of reasoning that you or any other man can make can ever make it right. Please correct and publish and send me a copy. Yours truly C. M. CAPPS.

Publishers Critic and Guide—A copy of the C. & G. has fallen into my hands and I must say that I am pleased with it. I have read articles from Dr. Robinson's pen in other journals, and have regarded him as an honest, able, fearless writer. Find enclosed M. O. for $1.50. Yours truly, J. E. Copenhaver, M. D., Aubrey, Texas.

Dear Doctor—Please find within $1.00 for the C. & G. The March number is a veritable Roosevelt striking out from the shoulder. No compromise with ignorance and fraud; it is the journal for honest therapeutists to read and reread daily. Yours for success, C. E. Beardsley, M. D., Ottawa, Ohio.

Wm. J. Robinson, M. D., Dear Doctor—I received yesterday a sample copy of your Critic & Guide. Am pleased with it. I like your style. I like things that are "different," and I like fearless individuality. As a tangible testimony to my "likes" you will please find my subscription enclosed.

We will now turn to page 14 of said copy, and I will proceed right at the beginning of our acquaintance, to hand out a little of the criticism you so graciously court. Your article on the "Prevention of Conception Problem" is good, as far as it goes, and it goes just as far as, and covers much less space than any one of a dozen similar articles I have read during the past year. There are none of the "Because I Know's" that are not correct (I am speaking frankly now as you do, and simply giving my own opinion), and none of them but what nearly every observing physician already knows, but you stop short of the thing that mightly few of us do know, viz.: The remedy. And that is the trouble with all the other articles I read. We can all cite cases in our practice where a "R" (if it may be so termed) for the prevention of conception is clearly indicated. It is a good thing to be used, like strychnine and many other good things, with discretion and only where indicated, but how in the devil are you going to apply a remedy that you don't know and can't find out? A harmless, safe and efficient method for the prevention of conception to be prescribed by physicians only and only when indicated. That's what I want to know and what none of you tell. You clearly point out your indication but don't name the remedy.

Some years ago I took a post-graduate course in Chicago. Among our teachers was that peculiar, if not to say eccentric, but brainy man, Byron Robinson. He gave us this same indication for the prevention of conception and some of us, of an enquiring turn of mind, and not ashamed to show our ignorance, asked for his "remedy." He said his prescription was . . . . Among my patients was a family badly needing (and very desirous of having) such a prescription. I prescribed and it was a faithfully taken and ten months from time I ushered into the midst of that family a bouncing baby boy. I wrote Robinson concerning it and his reply contained congratulations and the reminder that many of our prescriptions "worked by contraries." That was the satisfaction I got and since that time I concluded that the only sure method for the prevention of conception is 89 years of absolute continence for both parties concerned. Yours very truly, Oscar Allen , M. D., Dunlap, Ill.

Dear Doctor Robinson—A sample copy "broke into my office" last night, and it does not need a Sherlock Holmes to see its cleverness. After filtering contents thru the convolutions we have a residue of the stuff we have been looking for, while you get the filtrate in the form of a check. Yours very truly, J. V. Gilbert, East Grand Forks, Minn.

Dear Doctor: The March number of the Critic & Guide fell into my hands. It is just what I've been wanting. A man who agrees with me is a smart man, ahem. Enclosed find a dollar bill. In my practice I use no poison of any kind—because it kills the living matter in the cells. I use no artificial digestants, because in a very short time they take the place of the normal digestive juices—like an arm tied to your side for one week would become useless. I use no habit-forming drug of any kind, because I don't want people to point out a morphine, cocaine or other fiend and say: "There is Dr. Collins' work." I don't advise surgery in every case in order to get big fees. I use surgery only when medicine positively fails. I use as little alcohol as possible to preserve my medicines and then prescribe it in hot water to drive off the alcohol. It was a hard struggle at first to hold my own and practise up to my principles, but I'm on top now and crowing. So you can see why I admire a man who isn't afraid to "speak his mouth out." Wishing you all kinds of success, I beg *to remain,* Your fraternally, Chas. M. Collins, M. D., Maquoketa, Iowa.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. X NEW YORK, JULY, 1907 No. 1

Random Notes of the A. M. A. Meeting.

Marlborough-Blenheim, Atlantic City,
Friday, June 7, 1907.

GENERAL.

Well, it is all over, and thank goodness it is. Of late, attendance at the meetings of the A. M. A. has been anything but a pleasure to me. It has been a great nervous strain, and this is due to the fact that I am laboring under the unhappy delusion that it is my duty to rectify all the mistakes in the plan of the universe, that it is incumbent upon me to correct all the abuses that are brought to my attention, that I should be untrue to myself if I failed to hit the head of every grafter and tear the mask from the face of every hypocrite that are pointed out to me. And as the number of grafters and sanctimonious hypocrites has been growing rapidly of late, my self-imposed task has become harder and the nervous strain consequently greater. And therefore I say, thank goodness it is all over.

* * *

What is the general impression of the meeting? The general impression, as far as I have been able to gather it, and I have been spoken to by hundreds of physicians, is that the meeting has been the least successful of any held within the last four or five years. Of course the Boston meeting reached such a high mark that this meeting suffered necessarily by comparison. The social features—entertainments—were exceedingly poor, the scientific program was mediocre, and there was distinctly less harmony and good fellowship than at previous meetings. In spite of a membership increase of 6,000, the registration was about one thousand less than last year. The re-election of the same trustees created

an unpleasant feeling, or rather intensified the feeling that has been existing for some time. I have nothing against the present trustees, but the principle of perennial office-holding is distinctly wrong and pernicious; and as the office is a purely honorary one, I do not see why the trustees should hold on to it with such obstinacy. Where the office is a salaried one, the reasons for holding on are obvious; it is the man's livelihood, and he has the right to use all fair means in order to retain his position. But an honorary office should always seek the man and should only be accepted when offered unanimously or practically so. Perhaps the trustees know the reason for wanting the office so badly. I don't.

* * *

The exhibit as such was the poorest one ever held; but it was well attended and the exhibitors expressed themselves as satisfied. The most frequented part was the exhibit of Horlick's Malted Milk, where steady streams of both femininity and masculinity were being regaled with Malted Milk and ice cream. I believe the time for exhibits is over. In a few years the A. M. A. meetings will be held without any commercial exhibits, which in the days gone by constituted such a lively feature (beloved by all country doctors, who used to carry away trunkfuls of samples).

* * *

We had a long talk with McCormack. He tried to convince us that we were entirely mistaken; that there was no such a thing as cliquism in the Association, that the officers were "unselfish devotion personified" and were all serving under protest, merely because the welfare of the Association needed their services, that Simmons showed no personal bias in the conduct of the journal, etc., etc. Had we not had facts in our possession, *facts* to the contrary, McCormack would have succeeded in convincing us. For we must give him credit as being the smoothest, shrewdest, most diplomatic, most tactful, and most conciliating talker to whom it has ever been our pleasure to listen. He is certainly earning his salary of $10,000, and $20,000 per annum would not be too much.

* * *

Organization is a splendid thing. But is efficient organization forever going to be marred and blighted with cliquism and wire pulling? Is this forever going to be the fate of human endeavor at co-operation, at solidarity?

* * *

SECTION ON PHARMACOLOGY AND THERAPEUTICS.

Poor Section! How rapidly it is dwindling. The motion to abolish the section, made by Dr. Butler at one of the sessions in jest, will soon have to be made in earnest.

Scientifically the section was the poorest of any. *Altogether*

ten papers were read, and of these only six dealt with pharmacology and therapeutics, namely: Medical Treatment of Cholelithiasis, by George Dock; Treatment of Diabetes Mellitus, by James Tyson; Pathophysiology and Therapeutics, by Geo F. Butler; A Study of the Effect of Drugs on the Coagulation of the Blood, by W. E. Robertson; The Effects of Hydrastis and its Alkaloids on Blood Pressure, by W. W. Williams (author absent), and A Study of the Bromine Compounds with Especial Reference to Strontium Bromide, by William J. Robinson. The other four papers dealt with general subjects, and were as follows: The U. S. P., by R. A. Hatcher; The Connection of M. D. with proprietary remedies, by H. W. Wiley; Materia Medica and Pharmacy in Hospital Practice, by M. I. Wilbert, and A Plea for a More Thoro Course in Practical Pharmacy in Our Medical Schools, by M. C. Thrush. (Two more papers were read, but they were in the Section on Practice of Medicine, and cannot be credited to our section.) The quality of the papers, I regret to say, was very ordinary, not to say mediocre. Not a new suggestion, not an original idea could be gleaned from any of them. And thus the most important, the most interesting subject in the entire domain of medicine, the subject of the powers and limitations of drugs, the limitless subject of the treatment of disease, is disposed of in six (or even eight) papers! And this by an Association counting twenty-seven thousand members! Think of it—fewer papers read than in the Section of Pathology and Physiology, even than in the Section of Stomatology! As to the attendance, it was, with the single exception of Wednesday morning, when Dock and Tyson read their papers, by far the poorest of any of the sections. Even on Thursday afternoon, when the election takes place and the section is usually packed (you may use the word packed in both its meanings), only twenty-three members could be mustered in.

Now why is this? The reason is not far to seek. We may as well be honest about it. The reason the Section on Pharmacology and Therapeutics has the poorest attendance of any is because the impression has gone abroad that the Section is run by druggists, and no self-respecting physician will agree to belong to a section where he is obliged to play second fiddle to a druggist. And many have the idea that the Section is run for the special benefit of Mr. Hallberg, who for some inscrutable reason holds on to his office like a leech, and who monopolizes entirely too much of the Section's time with his talk on subje[illegible]ich he knows nothing. His recently and mysteriously M. D. degree (of which I will write more some [illegible] which, by the way, he never displays in his A. Ph. has not tended to make him more of a *perso* medical profession. Quite the contrary. R

like people to sail under their true colors, and do not relish the idea of false, queerly acquired degrees. As one well-known Buffalo physician tersely expressed it: "Your Section is too much Hallberg, too much booze, too much politics, and too little medicine. Drop your fights, put in the office of Chairman and Secretary well-known therapeutists, give us practical therapeutic papers and the Section will be so crowded that you will need the biggest hall to accommodate all comers. Until then—excuse me." And this was the sentiment of dozens of physicians to whom I had spoken.

* * *

WHAT TOOK PLACE ON THURSDAY AFTERNOON.

What took place Thursday afternoon, June 6th, at the Section on Pharmacology and Therapeutics could not have taken place in the most corrupt ward of the most corrupt political organization in the United States. Even the worst political machines are guided by certain fundamental parliamentary rules. It remained for an officer of this Section to throw off even all semblance of decency. When the nominating committee made its report and a motion was made to cast one ballot for the nominees, I objected. It is a well-known fundamental parliamentary rule that if there are ten thousand people and nine thousand nine hundred and ninety-nine want to vote for one candidate and the one demands a ballot, a ballot *must be had.* The chairman or secretary can cast one ballot only when the decision of the assembly is unanimous, when there is not a single dissenting voice. For the casting of one ballot means casting it for *every* member of the assembly. In my demand for a ballot I was supported by about half of the members. But Hallberg did not want a ballot. He knew that in case of a ballot he would be defeated. Several pharmacists told me that in case of a secret ballot they would vote against Hallberg, but they did not want to come out openly against him. Hallberg felt that that was to be his Waterloo. So he kept on urging the chairman to cast the one ballot, and in spite of the numerous and loud protests the chairman cast one ballot and declared the nominees elected. I am sure Dr. Wood was not lending himself to that contemptible business deliberately; but he was like wax in the hands of the old trickster, and he thought he was acting within the parliamentary rules. The election is absolutely illegal—about this there are no two opinions. Hallberg was re-elected—but only by the aid of the lowest kind of trickery, the meanest piece of dishonesty. And I will say this before the board of trustees, before any medical body, before any court in the land. But it doesn't matter much: this is the beginning of the end of Hallberg. Mark these words.

To our Pharmaceutical Friends in the Section of Pharmacology and Therapeutics.

I wish that all of the pharmaceutical members of the Section on Pharmacology and Therapeutics might read these lines and ponder them carefully. The Section of Pharmacology and Therapeutics had decided several years ago (rather hastily, we fear,) to admit pharmaceutical members for the distinct purpose of bringing the professions of pharmacy and medicine into closer relationship,, to clear away misunderstandings, to smooth out differences, and in particular to encourage and help those pharmacists who wanted to practice pharmacy in the true professional sense. It is with regret that one must acknowledge that so far these laudable objects have utterly failed of achievement. Nay, instead of bringing the two professions closer together it has made the gulf wider and more impassable. Whoever attended the meeting of our Section at Boston, and the last one at Atlantic City, cannot have failed to notice that there were two distinct parties, the medical and the pharmaceutical; that practically on every question that came up the voting was partisan. The physicians, as a whole, voted one way, the pharmacists (plus some "pharmacologists") voted the other way. On several questions the voting was very close and most of the time the pharmacists carried their point, but by the narrowest possible margin. Of course the pharmacists were glad that they carried their points, but if I were a pharmacist I would not be. For, that division into parties, the attempt by the druggists to dominate the physicians was strongly resented by the latter, even if they did not express the resentment openly. But both in Boston and in Atlantic City the resentment was expressed to me in unmistakable terms and the chief resentment was against Hallberg. He never missed an opportunity to insult the medical profession, and as one doctor said, he should have had tact enough to know that our Section was not a section of the A. Ph. A., but of the A. M. A.; that it was primarily a medical body and that the druggists were there by courtesy. And there were a number of physicians who said they did not care to have anything to do with the Section in the future, they did not want even to go in there as long as the druggist Hallberg was directing its affairs.

It will be well for our pharmaceutical friends to bear in mind that if they want to practice professional pharmacy they cannot afford to antagonize the medical profession. Without the physician the occupation of the true pharmacist is gone; he becomes merely a soda dispenser and nostrum vender, and this is certainly not the goal they are striving for.

I repeat, it will not do for the pharmacist members to antagonize the medical profession, to sow resentment in their souls, and drive them to dispensing. And this is exactly what Hallberg has been doing since he has obtained power enough to run the affairs of the Section.

Think it over, friends, and remember that the way to foster harmony between the medical and pharmaceutical professions is not to put the affairs of the Section into the hands of a man who is utterly devoid of tact and decency, and who misses no opportunity in or out of season to deride and insult the medical profession. See what our Section has gone down to. On the most important questions you could not get more than twenty-five votes, including the chairman's. A Section with twenty-five members in it has no reason for existence.

Think it over.

"Short Talks on Medicines."

The Philadelphia Branch of the American Pharmaceutical Association had an exhibit of U. S. P. and N. F. preparations in the exhibit hall of the A. M. A. at Young's Pier. The object of the exhibit was to demonstrate to the physician the alleged superiority of the official preparations over the corresponding proprietary ones. A very large number of copies of a booklet, entitled "Short Talks on Medicines" was distributed. To that booklet we will devote a few lines—or pages, as the case may require. The object of the exhibit as a whole is a fairly laudable one, but I do object to certain verbal and printed misrepresentations on the side of our friends the pharmacists. Misrepresentations are unjustifiable even in a good cause, unless you subscribe to the belief that the end justifies the means. We will go thru the booklet seriatim in regular order.

* * *

"WINE OF COCA. One of the worst of all nostrums, objectionable not only on account of the false statements of its compositions and powers, but also because of the danger of the formation of a drug habit, is the widely advertised Vin Mariani."

This is misrepresentation No. 1. We will call it No. 1, but really there are half a dozen misrepresentations or falsehoods in that paragraph. First, it is not a nostrum, for a nostrum is a secret preparation, and Vin Mariani had its *exact* formula printed on the label for years. So it cannot be a nostrum. Second, as the exact formula of the official Paris analysis was printed on the label, there could be no *false* statements as to its composition. Third, it is untrue that it contains in it the danger of the formation of a drug habit. The wine contains 1/20 to 1/10 gr. of cocaine to the ounce, and this amount is utterly insignificant and negligible. The virtues of Vin Mariani do not depend upon the cocaine, which is present as one of the principles of coca leaves, but upon the volatile and aromatic constituents of the latter. The proportion of cocaine is so small, that the manufacturers are fully justified in claiming that it is not a cocaine (but a coca) prepar-

ation. The present Vin Mariani does not contain even a trace of cocaine. In self defence against over-zealous agitation the manufacturers have felt obliged to remove even the small quantity of the cocaine which the wine formerly contained. The Vinum Cocæ U. S. P. and Vinum Cocæ Aromaticum N. F. which we are advised to prescribe in lieu of Vin Mariani, as ordinarily prepared, are abominations, and any physician can convince himself of the fact by asking his druggist to make him up some.

The fact alone that Vin Mariani is admitted to the pages of the CRITIC AND GUIDE is sufficient guarantee that it is *not* a nostrum; for there is not money enough in New York City to obtain the admission of Vin Mariani to our pages if it were what ignorant zealots or personal enemies claim that it is.

* * *

The next attack is upon that pleasant and utterly inoffensive tonic and appetizer, GRAY'S GLYCERIN TONIC COMPOUND. We are told to use the Elixir Gentianae Glycerinatum N. F. instead. (In the booklet it is stated U. S. P., but this is a typographical error.) Well, my friends of both the medical and pharmaceutical professions, just have your druggist make up some of this elixir strictly according to the National Formulary and taste it. If you will not say that it is positively nauseous, then your taste must be a peculiar one indeed. As is well known, or perhaps not so well known, the glycerinated elixir of gentian of the N. F. is sweetened with saccharin, and Mr. M. I. Wilbert, himself one of the principal workers in the exhibit (the secretary-treasurer of the Philadelphia Branch and member of the Council on Pharmacy and Chemistry of the A. M. A.) had the following to say regarding this sweetening agent and this elixir (Amer. Jour. of Pharmacy, May, 1907, p. 211): "This substance appears to have been added quite regardless of actual necessity. . . . In at least two of the preparations, Elixir Catharticum Compositum and *Elixir Gentianae Glycerinatum,* it is directed in proportions that are not alone unpractical but positively nauseating. Even when reduced to *one-tenth the amount*(!) particularly in the cathartic elixir, it is still unpleasantly prominent."

The trouble with our friends, the pharamacists, is that they look at preparations too much from a purely pharmaceutical standpoint. They forget that in many cases the taste of a remedy is of great importance, while in a remedy intended as an appetizer and stimulant for weak, capricious, debilitated convalescents, it is of paramount importance. Imagine you have a patient who had gone thru a life-and-death struggle with typhoid fever or double pneumonia. He is just convalescent. He is suffering from anorexia. You know the composition of Gray's Glycerin Tonic; you know it does act as an appetizer and stimulant. You want to prescribe it. But you have been influenced by the arguments of our ultra-reformers and you prescribe Elixir Gentianae Glycer-

inatum N. F. Your patient is nauseated; his distaste for food is stronger, he is feeling weaker and more uncomfortable—and so do you. And all because—because of the unwise and indiscriminating zeal of partly well-meaning, partly selfish reformers. The druggist has no stronger friend, no stauncher defender than the Editor of the CRITIC AND GUIDE, but I claim the welfare of our patients is paramount to everything, and that it is wrong to prescribe inferior preparations, merely because the druggist may make 10 or 20 cents more on the prescription (the patient pays the same).

Prescribe U. S. P. and N. F. preparations by all means, if you are *sure* that they are the best of their kind. But if you know that a certain proprietary preparation is superior to the corresponding U. S. P. or N. F. preparation, that it tastes pleasanter, is prepared with greater care, etc., then prescribe the proprietary, and never mind the druggist; you are paid by the patient. Even the unbiased druggist will, on calm consideration, admit that I am right.

* * *

The next attack is on the proprietary SYRUP OF HYDRIODIC ACID, and while no name is mentioned in the booklet, Gardner's was aimed at, and the people in charge of the pharmaceutical exhibit so stated. They also had on exhibition two bottles of Gardner's Syrup, one brown, the other almost black. The bottles were uncorked, and Allah only knows how old they were. I knew a druggist who used to show a bottle of decomposed Scott's Emulsion to his customers who asked for Scott's, thus inducing them to take his. That bottle of Scott's Emulsion, the druggist told me, had been in his store twelve years. He probably still has it. You see there is unfairness on all sides. But to return to the syrup of hydriodic acid. Be this as it may, I have prescribed Gardner's Syrup hundreds and hundreds of times, and with the most satisfactory results and with a minimum of gastric disturbance, while the ordinary drug store syrup often contained free iodine and only too frequently proved irritating. I do not believe that physicians who have learned to rely on Gardner's will be induced to change for the varying and variable official syrup.

Next comes Burnham's Soluble Iodine. This is indeed a nostrum, for the manufacturers (try to) keep its composition secret and claim wonderful virtues for it. And our readers will remember that the Editor of the CRITIC AND GUIDE was the first one to expose that nostrum, printing a qualitative and quantitative analysis of it in the CRITIC AND GUIDE (December, 1903).

* * *

"SOLUTION OF GOLD AND ARSENIC BROMIDE. A much vaunted and high-priced nostrum is sold under the name of Arsenauro." Why this strictly ethical and absolutely non-secret preparation,

having no literature about it, and kept scrupulously from the laity, should be termed a nostrum is more than an *honest* and unbiased mind can comprehend. It shows that the zealot is no more discriminating in his statements than the nostrumist is. To call the very best preparations nostrums, merely because they are proprietary, is to earn contempt from the well informed physician and to defeat the entire movement. "Despite the claims made by the manufacturers there is nothing really novel or difficult about combining gold and arsenic." This is a falsehood which can easily be shown to be such before a body of competent chemists. And it is not true that the N. F. preparation is the same as Arsenauro. In fact, the authors of the booklet don't claim that it is, but say that it has "every therapeutic virtue possessed by the proprietary preparation." Now, first how can druggists judge of the therapeutic virtue of this or of any other preparation? Physicians have often great difficulty in determining the comparative therapeutic value of two preparations, and it is certainly not fit and becoming for mere druggists to attempt snap judgments on subjects of which they know nothing. And, second, it is not true that the N. F. preparation has the same therapeutic value as Arsenauro. The N. F. preparation proves irritating at once or after a week or two (due to the presence of free bromine and free arsenous acid), while arsenauro can be given for months without upsetting the gastro-intestinal canal—a point of the utmost importance in such diseases as diabetes, etc.

* * *

Syrup of Hypophosphites. Here we will merely say that we do not agree with the statement made in the pamphlet that the official syrup is superior to the proprietary. It is not. And we know *old* people who derive benefit from Fellow's, which they claim they cannot obtain from the official.

Digestive Elixirs. We learn that in spite of the alleged proved absurdity of the digestive combinations, the sale of these preparations has not fallen off in the least—quite the contrary. They evidently do prove useful in the hands of the practical physician. See our editorial on the subject, May CRITIC AND GUIDE.

Acetanilid Mixtures. The most obnoxious or only really obnoxious preparation of this class is Antikamnia, and this was exposed by the CRITIC AND GUIDE long before the Council's analysis appeared. By the way, if the proprietary acetanilid mixtures are so damnable, why does "the newly official Compound Acetanilid Powder offer an *excellent* preparation for routine use," as the booklet states on p. 12?

Bromide Mixtures. Neither Bromidia nor Peacock's Bromides can be termed nostrums, because their formulæ are per-

fectly open. In Bromidia the extract of Cannabis Indica *is* of superior quality and is not the worthless inert trash which is sold by the wholesale houses for Cannabis Indica extract; and besides the extract is more uniformly distributed. The statement that the commercial bromides are not "likely to contain *serious* impurities" may be true, but when we can get bromides without any impurities, why not give them the preference?

Effervescing Powders. That a first-class pharmacist, properly equipped, can prepare a good preparation of a granular effervescent powder is true, but that the average druggist can do it is not true. And he doesn't do it either. He buys his granular effervescing salts from the manufacturer. So why not order the original specialty in preference to a *more* or *less* satisfactory substitute?

* * *

THE CLAY MIXTURES. "There is a large variety of these mud poultices at present upon the market, all of them of very similar composition. The most widely advertised are Antiphlogistine, Mey's Poultice and CretaMethyl." Thus runs the opening paragraph of the chapter on clay poultices, and this "chapter" contains more misrepresentations and gives more clear evidence of bias and vindictiveness than any other in the book. It is distinctly untrue that Antiphlogistine, Mey's Poultice and CretaMethyl are the most widely advertised of the clay poultices. Show me a medical journal or any other medium in which the *latter two* are advertised. As a matter of fact they are *the least* advertised of any. The two most advertised are antiphlogistine and antithermoline, the latter a pirated preparation of the the former. Now, why was not antithermoline mentioned? Is it because it had an exhibit in the hall and because it is advertised in the J. A. M. A.; or was there some other *subtle* influence in the matter? Some abstracts from the antiphlogistine literature are presented, giving the physician the impression that this is the present literature. This is not true. The pamphlets from which the abstracts are taken are several years old, and we all know that several years ago manufacturers were not so careful and conservative in their statements as they are now. If we are to attack any manufacturer, we are to do so on the strength of his latest literature. By the way, the antithermoline literature was much more flamboyant and even tried to convey the impression that the kaolin which entered into the antithermoline contained radio-active(!) properties. Oh, sanctimonious hypocrisy, how sublimely absurd thou art! "In order to meet a demand for such a preparation the Pharmacopeia has admitted cataplasma kaolini. This preparation is a simple mixture of glycerin with kaolin and boric acid, and scented with a mixture of thymol, methyl salicylate and oil of peppermint." This is the concluding paragraph. If it is a simple

mixture, easily prepared by every druggist, why is it, my friends, that some samples of Cataplasma Kaolini run like molasses and others are as hard as plaster of Paris? And why is it that there isn't a pharmaceutical journal published that does not contain complaints by druggists of their inability to prepare a satisfactory preparation? Why do the journals print so often "improved" formulas for Cataplasma Kaolini? If the U. S. P. formula is fully satisfactory, why improved formulas? Why not be honest about it and admit that a firm devoting all its time and energy to one line of preparations can turn them out more satisfactorily than the retail druggist or the firm that makes "everything" and has no special pride in any one product?

* * *

DISINFECTANTS. The statement is made here that none of the proprietary disinfectants, such as lysol, creolin, etc., have any advantage over the official solution of Cresol. If anybody says that the official liquor cresolis compositus is equal to Lysol, he does not know what he is talking about or is uttering a deliberate falsehood. First, I should like somebody to go out with me and try to procure a cresol answering fully to the requirements of the Pharmacopeia. If we spent a week we should not succeed, unless we bought one special brand, made by a well-known firm (Schering & Glatz); in other words, we must again have recourse to a proprietary preparation. Second, I have personally witnessed a case where a physician had severely burnt his arms by a liquor cresolis compositus which the druggist dispensed instead of Lysol, which the doctor had prescribed. A mere look at the preparation showed that it contained a large amount of *uncombined* cresol. The doctor is now ordering Lysol in original packages, and he is underscoring the word "original" three times. I have seen several horrible specimens of so-called liquor cresolis compositus; they smelled horribly and produced a severe dermatitis even when used in very dilute solutions. In fact, it was such a specimen that convinced me that it was a very poor piece of business for the Pharmacopeia and National Formulary to enter the role of Official Substitutors (I use the word deliberately) and to encourage manufacturing firms and the retail drug trade in the questionable work of piracy and "just-as-goodness." It is within the province of the U. S. P. and N. F. to devise formulas for valuable *original* preparations, or *superior* formulas for already existing preparations; but it is distinctly degrading and humiliating to see those two standards give ill-devised formulæ which furnish preparations in every way inferior to those for which they are intended to be a substitute. And I stand ready to prove to any body of physicians that this is so, i. e., that every "substitute" preparation in the U. S. P. or N. F. is inferior to its original.

* * *

DETERGENT WASHES. What I have just said is also quite apropos here. Compare the liquor antisepticus with listerine, and see which leaves a pleasanter, more refreshing sensation in the mouth. The average druggist simply cannot obtain—nor will he pay the price demanded—the high quality of volatile oils used by the specialty manufacturers. And if our patient prefers a pleasant, refreshing preparation to one having a disagreeable, rancid taste, why not give it to him? Nor is it true that the Liquor Antisepticus Alkalinus comes up to Glyco-Thymoline, in spite of the fact that the compilers of the N. F. considered it necessary to go with the imitation even as far as the color—for the N. F. preparation is colored with tincture of cudbear.

* * *

OINTMENTS. This last chapter deals with the superiority of Unguentum Resorcini Compositum over Resinol, and of Petrox over Petrogen, Vasogen, etc. As to Ung. Resorc. Comp., I prescribe it myself frequently, but unfortunately I find that it is often lumpy and the oil of cade of very poor quality.

As to Petrolatum Saponatum Liquidum, or Petrox, I wish to ask a question, which I hope will not be considered indelicate. There is a great hullabaloo made over the short, "catchy" names given to proprietary preparations. We hear complaints that the names are purposely made short; not only that the physicians should easily memorize them, but that the public should easily read them on the prescriptions and retain them in their memory. There is considerable truth in this contention. But now the National Formulary comes along and does exactly the same thing for which its compilers so loudly condemn the proprietary manufacturers. The physician is told "that these preparations can be *conveniently* prescribed by using the prefix Petrox,—thus, Petrox iodine 5 per cent would indicate a 5 per cent solution of iodine in Liquid Petrox." Isn't this short, catchy synonym, Petrox, one that can be very easily memorized by the laity? And hasn't it been adopted just for that purpose? And we *know* that there is a movement to attach in the future to most N. F. preparations short, catchy names, which goes to show that we occasionally justify in ourselves things which we condemn in others.

* * *

So, my friends of the Philadelphia Branch of the A. Ph. A. exhibit, I told you I would answer your "red booklet" in the CRITIC AND GUIDE, and I have done so. I sympathize with your movement for the popularization of the U. S. P. and N. F. preparations; I agree with you that the very future of pharmacy as a profession depends upon such popularization. But you must not go to extremes; there must be no misrepresentations; you must not insult the medical profession and the most ethical editors by applying the term nostrum to some of the most valuable, most

ethical and absolutely non-secret preparations on the market, and, above all, THERE MUST BE NO ATTEMPT MADE TO INDUCE THE MEDICAL PROFESSION TO USE ON THEIR PATIENTS INFERIOR, VARIABLE, NAUSEATING OR IRRITATING PREPARATIONS, MERELY BECAUSE THEY COST THE DRUGGIST A FEW CENTS CHEAPER. Conduct your propaganda within the proper bounds, within moderate limits, and I am with you. Otherwise—you will have me against you, and I will checkmate every move of yours. And you know I can do it.

You may be able to throw dust into the eyes of the average physician, and make him believe that black is white, and that the propaganda is conducted exclusively in his interest—the Editor of the CRITIC AND GUIDE can look beneath the surface of things. He takes notes, and he sometimes prints them.

Pills for an Earthquake.

Some people are under the impression that quackery is more rampant than ever before. This is decidedly untrue. We are more sensitive, we are more discriminating, and therefore, the claims of mountebanks and quacks strike us more disagreeably, but as a matter of fact the quack gentry flourished at all ages and their claims were certainly more preposterous than any of the present day.

Addison tells us that he remembers "when our whole island was shaken with an earthquake some years ago there was an impudent mountebank who sold pills which, as he told the country people, were very good against an earthquake."

Some of our quacks do make peculiar claims for their pills, but we are not aware that any one has ever recommended his product as a protection against earthquakes.

* * *

The Critic and Guide was started as a plaything, as a side-line—and it is now one of the most influential journals in the country.

Altruria was started as a relaxation from serious work—and it is being taken very seriously by a good many good and honest people.

Therapeutic Medicine was started with many misgivings—tho we knew it had a wide field and a great future before it—and has proved a success from its very first issue.

The Critic and Guide is both deeply loved and cordially hated; Altruria is liked and enjoyed by everybody who reads it—we have heard no adverse criticism of it so far; Therapeutic Medicine is neither loved nor hated—it is just read thru and thru for the valuable practical information it contains.

Slightly egotistic—but an occasional toot on the editorial horn is of no particular harm to anybody.

The Overvaluation of the Sex Function.

No reader of the Critic & Guide will accuse its editor of prudishness, or of failure to appreciate the great importance of the sex function. He is in favor of a free earnest discussion of all questions connected with sex, for he recognizes that from the obscurity and secrecy with which the prudes have surroumded the subject much misery and unhappiness has resulted. This is not the point. Discussion we shall have, and must have. But we do object to the exaggerated importance which is attached to the sex function either by interested, or slightly perverted, or simply light-headed persons. "The sexual function," I am just reading in a radical chipmunk magazine, "is just as important as the function of the stomach, the function of the lungs and the function of the kidneys, and as repression of any of these functions will damage the health and shorten the life of a person, so will repression of the sexual function." Which reads very nice, but which has one radical fault—is is entirely untrue. The functions of the stomach, lungs and kidneys are vital functions; they begin with the first minute of a child's life and last until the end. It is entirely different with the sexual function. The child lives for many years without it, grows, thrives and develops before his sexual function is developed, before he is conscious of such a function. The function lasts only a certain number of years—at the age of fifty, sixty or over, the function becomes entirely extinct, while the individual continues to live for many years longer and often enjoys better health. In other words, the sexual is only a temporary function, and while of course, absolutely essential to the perpetuation of the race, its exercise is not essential to the life of the individual. While I refuse to subscribe to the dictum of some *old* friends of mine that absolute continence is quite compatible with perfect health, I nevertheless am fully aware of the undeniable fact that the sexual function *is to an enormous extent a mental function;* that is, it is influenced by the mind, by the belief that the exercise of the function is indispensable to health, by obscene literature, by lascivious pictures and shows, etc. For instance, I see a number of patients who tho being injured by intercourse are sure they could not live without it at least once in two weeks. On assuring them that they could get along very well, that their health would improve, I have succeded in having them go four, six and eight months without intercourse, and with great benefit to themselves. Convince a young man, whose mind is not depraved and who is not an idler, that frequent intercourse is not an absolute necessity to health, and he will not suffer half as much as he did when he was under the impression the continence was hurting him.

And, again, that the function is not a vital one and that its exercise is not of vital necessity will be seen from the fact that perfectly healthy people engaged in an all-absorbing, all-engrossing work can go for a year or two without intercourse, without the least injury to their health. In fact, as I have stated before, I believe that great mental activity is not compatible with a too vigorous sexuality. You cannot burn the candle at both ends. The world's greatest intellectual giant, Isaac Newton, never had sexual intercourse. And this is true of hundreds of great men.

The sexual function is an exceedingly important one, but let us not exaggerate its importance. It is neither a vital function, nor is it the world's greatest motive force, nor the greatest incentive to work, etc., etc., as some slightly cracked sexual reformers would have us believe. And the talk about its divinity, its sacredness, etc., etc., is certainly nauseating to a normally constituted individual. *Ne quid nimis.*

When you knock at the gates of heaven, St. Peter will smile benignly at you, when he finds that you worked for the success of the CRITIC AND GUIDE.

* * * *

THE CRITIC AND GUIDE is one of the foremost agents for good in this country. It exposes fraud and humbug, and crushes superstition. It teaches logical reasoning, it demands fairness to all men, it hates extremes, it pleads for a higher plane of living and thinking.

And if we thnk a thing is right we say it utterly regardless of consequences.

* * * *

We want you to subscribe. Read the issue. Read the issue carefully and see of you think you can derive some benefit or pleasure from it. THE CRITIC AND GUIDE is doing good work—and it is not too much for you to invest ten dollars in a life subscription. Or send us three dollars for four years. One dollar for one year's subscription will also be welcome.

* * *

I believe that cliques, machines and rings are the enemies of mankind, of civilization, of progress, of individuality. They should be curbed, restrained, or, best—destroyed.

* * *

I believe that organizations are necessary and useful so long as they do not attempt to suppress individual liberty and expression and do not degenerate into cliques.

* * *

When we cannot reply to a man's arguments we still have one recourse left; we can call him bad names.—BRADLAUGH.

* * *

In all times Truth has been obliged to blush for being paradoxical, but the fault is not hers, for she cannot robe herself in the tawdy garments of vulgar enthroned power. Truth looks up, sighing to her protector, Time, who promises victory and glory.

CONTRIBUTED and SELECTED MATTER

Optimism in Medicine.

By George F. Butler, M. D.
Professor and Head of Department of Therapeutics American College of Medicine and Surgery, Chicago, (Medical Department Valparaiso University); etc.

The essence of this subject is well stated by Haliburton when he says: "Cheerfulness is health; its opposite, melancholy, is disease." John Armstrong in his "Art of Preserving Health," says "Know then, whatever cheerful and serene supports the mind, supports the body too. Hence the most vital movement mortals feel, is hope."

We should inculcate hope in the degree of optimism.

If I am not mistaken, this is the quality that lies at the base of suggestive therapeutics and of what is called Christian science. As to the first of these, no system of treatment in our day can be called complete that fails to take it into account. For the other, it is idle to deny that in its application it actually does accomplish much, and by purely super-physical means, with a certain class of minds capable of enthusiasm and resolution rather than of reasoning power. There is no point in laying stress upon this limitation, however, nor upon the pitiful fact that Christian scientists believe their little rag of truth to be the entire fabric, nor upon the strange jumble or religious error and auto-suggestion by which they live. It is enough to know that, working through the agency of hope, they actually do at times produce conditions of bodily health. It is this same agency which hangs the walls of Lourdes with crutches and loads the alter of Sainte Anne de Beaupre with gifts of gratitude.

Given the firm belief of cure, which is the manifestation of a force of suggestion from within, and in many, but the most stubborn temperaments and most malignant disorders, their faith can make them whole. It is our duty as physicians to cultivate this force on a plane of reason and through the operation of the optimistic inspiration.

Isn't it a fact that every successful physician practices faith cure in a certain degree, whether or no he would admit it, every time he takes a case in hand? I mean, isn't it a necessary part of his treatment to inspire faith in himself at the outset? Can't he do more with a cheerful patient than with a despondent patient and isn't it a long step forward if he can get his patient into a cheerful and hopeful frame of mind? Isn't that a form of faith cure—so far as it goes?

The doctor who brings confidence into a sick-room sweeps the air with a breath of health from "youth's eternal morning, stirring among the roses." And I do not conceive this to be incompatible with dignity. He may be as ponderous and look as wise as he likes, so long as he throws light and hope into his patient's mind instead of fright and misgivings.

Bulwer states the nub of the idea this way: "Refuse to be ill; never tell people you are ill; never own it to yourself. Illness is one of those things which a woman should resist on principle at the start." That was written over fifty years ago, long before Mrs. Eddy produced her sometimes intelligible but always amazing book, or Dowie, with inconceivable modesty, hooked to a name no higher than Elijah's. Of these people, in the main it may be said that one of two things must have been true; if they are sincere, they are insane; if they are not insane, they are deliberate imposters doing many large juggleries with one little verity.

The serious, ever thankful acceptance by so many civilized people of these mixtures of foolish theism with undoubted truth is one of the most interesting developments in the affairs of the world to-day. There is nothing surprising in the same things they appear in the voodooism of Hayti or the big medicine man of our own red Indian; but at home, among white men, at our very doors, they are only to be explained as an effect of religious unrest on the one hand and on the other, certain results obtained by the influence of mental intent over physical organism.

If, with all its crudity, this faith cure thing confers happiness, it should not be disturbed—it has good in it, to that extent: and to attempt to reason with the fanatical or the feeble minded would be wasteful and ridiculous excess. But would it not be meritorious to apply with understanding and a beneficent purpose the one sound principal they apply without understanding? Saint Paul spoke wide and large when he told his people to prove all things and hold fast to that which was good. I can't see why the place of its discovery should affect the value of a sound principle.

But Bulwer was wise in psychic things—wiser, I think, than he realized, which is not an uncommon phenomenon among the great, for he sensed the power of suggestion, of hope and upward purpose long before such things were given consideration by men of any attainments or standing in the therapeutic arts. His injunction was a sound one and is good for all time. Many of our greatest minds knew the value of hope and a cheerful temperament upon physical health. Carlyle said, "Man is, properly speaking, based upon hope; he has no other possession, but hope; this world of his is emphatically the place of hope" and "A light heart lives long," says Shakespeare and Crowley says:

"Hope, of all ills that men endure
The only cheap and universal cure:
The captive's freedom and the sick man's health
The lover's victory and the beggar's wealth."

Hope, fortunately, is strong within us all, but fear and doubt are very strong and serve to make us ill and miserable.

"The body is a mirror," someone has said, "in which all of the states of the soul are reflected. We are all familiar with the wonderful effects of the will, the passions, the emotions, the imagination, sympathy, hope, fear, faith and confident expectation upon the physical system."

The most extensive of all the morbid conditions which reflect themselves so disastrously on the human system is the state of fear. It has many degrees of graduations, from the state of extreme alarm, fright or terror down to the slightest shade of apprehension of impending evil. But all along the line it is the same thing—a paralyzing impression on the centers of life which can produce, through the agency of the nervous system, a vast variety of morbid symptoms in every tissue of the body.

We have seldom reflected upon the fact that fear runs like a baneful thread through the whole web of our life from beginning to end. We are born into an atmosphere of fear and dread and the mother who bore us had lived in the same atmosphere for weeks and months before we were born. We are surrounded in infancy and childhood by clouds of fear and apprehension on the part of our parents, nurses and friends. As we advance in life, we become instinctively or by experience, afraid of almost everything. We are afraid of our parents, afraid of our teachers, afraid of our punishments, afraid of ghosts, afraid of rules and regulations and punishments and afraid of the doctor, the dentist and the surgeon. Our adult life is a state of chronic anxiety which is fear in a milder form. We are afraid of failure in business, afraid of disappointments and mistakes, afraid of enemies open or concealed, afraid of poverty, afraid of public opinion, afraid of accidents, of sickness, of death and of unhappiness after death. Man is like a haunted animal from the cradle to the grave, the victim of real or imaginary fears, not only his own, but those reflected upon him from the superstitions, self-deceptions, sensory illusions, false beliefs, ignorance and concrete errors of the whole human race, past and present.

Dr. Tuke reiterates the fact which has been so frequently observed, that epidemics owe a great deal of their rapid extension and violence to the panic of fear which exists among the people. When yellow fever, cholera, small-pox, diphtheria and other malignant diseases obtain a footing in a community, hundreds and thousands of people fall victims to their own mental conditions which invite the attack and insure its fatality.

Fear in itself is a contagious disease and is sometimes reflected from one to another with great rapidity. It needs no speech or sign to propagate it, for by its psychological laws we are just beginning to comprehend, it passes from one to another,

from the healthy to the sick, from the doctor or the nurse to the patient, from the mother to the child. Thus malignant influences may be cast about us by even our best friends and would-be helpers, under whose baneful shadow, without our even knowing of its existence, we and our children may sicken and die.

How much more serious is the effect upon the public mind when eminent physicians are pessimistic and say nothing can be done in the way of treatment for the great majority of acute and chronic diseases.

My lay friends, if any such should read this article, if some theoretical doctor or surgeon afflicted with therapeutic nihilism and who can see nothing outside the field under his microscope, or what is directly under his scalpel, has pronounced your doom, and told you that you are the victim of organic, incurable disease, because he has detected some signs or symptoms of Bright's disease or locomotor ataxia or organic disease of the heart, or that you have pneumonia, don't worry, but with greater care than ever, adjust yourself and your work, be cheerful, hopeful, optimistic and remember that the elect can't draw the perfect line of demarcation between functional disturbance and organic disease and, besides, remember that your vital organs, like every other machine, even if crippled, by judicious living and management, may be made to do good work for half a century. All organic, chronic diseases, as well as the acute diseases, are amenable to treatment, management and in many cases even to cure, unless their victims become pessimists by falling into the hands of pessimistic and overtrained physicians, who ought to have been funeral directors rather than doctors.

Some physicians are so scientific that they care for nothing but to make a diagnosis: they do not believe in the efficiency of medical treatment. These therapeutic nihilists have done an immense amount of harm by their pessimistic statements regarding the treatment of disease. Who can calculate the harm that has been done by the public statement of a prominent Chicago surgeon regarding the futility of treatment of pneumonia? His standing in the profession added weight to his words. The newspapers all over the country took it up and printed in large headlines: "THERE IS NO TREATMENT FOR PNEUMONIA!" and even in *Pearson's Magazine*, there appeared an article entitled "Pneumonia the Killer—An Unsolved Problem!" The article started off with this paragraph: "Pneumonia—an unsolved terror, a growing menace to the life of our great cities, an enemy that promises to be science's greatest foe in the twentieth century"—and closes with the hopeless statement that there is no treatment and, to clinch it, as it were, quoted the words of the Chicago surgeon: "Drug treatment is useless in cases of pneumonia. The medical profession, so far as medicines are concerned, can be of no assistance in the fight against this disease."

Such a statement, even if it were true, never should have been made. I firmly believe that many people afflicted with pneumonia have died from fright. You take hope away from a patient and he hasn't much to stand on. Through the utterances of pessimistic doctors and sensational literature, pneumonia has become a synonym for fatality. The impression is widely spread that there is no cure for pneumonia. This opinion is encouraged by surgeons who believe they can see profit financially by disparaging therapeutics. In estimating the alleged increase in fatality or number of cases of any disease, the enormously increased powers of diagnosis and specialization must be taken into account. The people, for example, believe that appendicitis is a new disease of the last thirty years. With the increase of appendicitis has come a decrease in inflammation of the bowels and this term had a depressing effect upon the person attacked much greater than the term appendicitis has now. When pneumonia was called inflammation of the lungs, and was treated as inflammation used to be, by blood-letting and the conjoint use of watery solutions of salt as a means of thinning the blood, as it is called, recoveries were expected and the patient rallied from apparently severe conditions much oftener than he does now, when the surgically inclined practitioner wishes to do nothing to impede the course of nature and when the term "pneumonia" deals the patient a death blow.

In pneumonia, as in all other diseases, there is no cure. This is a half truth born in quackery. No physician worthy of the name ever treats a disease or attempts to cure it. He treats the patient who is a compound of his ancestors, of the surroundings of his childhood and youth, and of the particular period at which he is exposed to disease producing influences.

The "Bevanized" surgeons and the "Oslerized" doctors tell us that acute diseases are self-limiting and it is useles to do anything for patients suffering with these affections for in a given length of time, nature will retore them or transport them to a better world, and for chronic, organic diseases particularly nervous diseases, there can be, of course, nothing done. We must resign ourselves to fate without we can be cured by surgery—and there we are! Cheerful, isn't it? It behooves everyone who is ill to have some affection amenable to surgery, then there may be some hope for him.

If you are a good doctor, one who isn't afraid to do something for your patients, you can, on an average, secure as good results with your patients as surgeons are able to secure with theirs.

The hopefulness and optimism of the physician do far more than cure feeble minds and faltering wills. They assist the cure of every disease he encounters. His very cocksureness—to use a favorite expression of a well-known specialist, "I am not only

sure, I am cocksure"—but especially his cheerfulness, hopefulness and optimism produce a confidence and belief in his powers that cure quite a much as anything that we may use. Alteratives for the mind are often more important and efficacious than alteratives for the body.

Dr. Oliver Wendell Holmes said: "A smile may be worth $5,000 a year to a man." It is often worth that to a doctor and is of incalculable value often to a despondent patient.

Coleridge considered him the best physician who inspired the most hope. The patient should receive the full benefit of hope. If he be a man cast in common mould as regards love of life and dread of death, expressions must never be given to our fears in any form. The bare suggestion of death to such a man may turn the scale against his recovery. Fear being recognized as a powerful cause of disease and a direct and great obstacle to recovery, a wise physician will exert himself to prevent or antidote its influence. To eradicate fear and stimulate hope, is to avert disease, to shorten its duration, diminish its virulence and promote recovery. There is a mental and moral sanitation ahead of us, which is perhaps as valuable and desirable as are our quarantines, inventions, experimentations and all microscopic search for physical causes.

Look at the picture of the average sick-room in charge of the average doctor and nurse by whom this enlightened sanitation has been ignored or unheeded. It is a chamber of fear. The room is darkened. The ventilation is insufficient. The friends have doleful faces, moist eyes, sad voices which reveal danger and doubt and they converse in subdued whispers which alarm and annoy the patient. The nurse and the doctor sometimes talk of their cases before the sick man, tell how very ill they were, how they suffered, how they got well miracuously or how they died.

A shadow of fear seems to hang over everybody. Nurse and nearest friend want to know aloud the report of the watch and thermometer. The doctor answers aloud and all look grave. And so it goes on day after day, thoughts and images of pain and sickness and danger and death being impressed and reflected upon the mind of the patient and the great, sound, glorious spirit within finds it impossible to break through this dense atmosphere of material superstitions, fear, ignorance and folly and help restore its own body to health and happiness.

Pessimistic doctors, nurses and other people who ventilate their experiences, who predict evil, speak omniously and enjoin all sorts of foolish precautions, are themselves fomenters and carriers of disease, infectious centers to the whole community.

A doctor should make a point of so disciplining and training himself as to infuse at least three ideas into the patient's mind at every visit:

I. That the case has his whole and undivided attention;

2. That he thoroughly understands it, and,

3. That he believes he can cure or, at any rate, take a hopeful view of it.

Now just a few words in conclusion to any layman or woman who may read this:

Your physician should not have a monopoly on optimism. You too, perhaps even more than he, should be hopeful, cheerful and optimistic. Don't fret! However ill and forlorn you may be, don't add to your own and the world's misery by complaining. If you are not upon par, adjust the harness in such a manner as to make it bear a little easier on all your parts and cheer up!

The great causes of ill health are introspection, pessimism and worry, the latter especially being a common cause of sickness.

Worry impairs the appetite, disturbs sleep, weakens the heart, makes respiration irregular, spoils digestion, irritates the disposition, weakens the mind, makes one nervous, stimulates diseases and saps bodily health.

Take life as it comes, philosophically. It may do you good to be somewhat parched by the heat and drenched by the rain of life and when the times comes for you to die—as it must come to all of us—approach it bravely, realizing that death, after all, is but a "rest from vibrations of sensations and swayings of desire, a stop from the ramblings of thought, a release from the drudgery about our body."

You ought to be able to say with the old tent maker of Arabia, "Why, if the soul can fling the dust aside and naked in the air of Heaven ride, were it not a shame for him in this clay carcass crippled to abide?"

Whether you have that faith which is so satisfying to those who possess it or not, you at least can be satisfied as the pagan philosopher, feeling safe in that he who ordered the first scene in your life, now gives the sign for shutting up the last. You should therefore, retire well satisfied, for he by whom you are dismissed is satisfied also.

But after all

"As a fond mother, when the day is o'er
Leads by the hand her little child to bed,
Half smiling, half reluctant to be led,
And leaves his broken playthings on the floor,
Still gazing at them thru the open door,
Not wholly reassured and comforted
By promises of others in their stead,
Which, tho more splendid may not please him more—
So nature deals with us and takes away
Our playthings one by one, and by the hand,
Leads us to rest so gently that we go
Scarce knowing if we wish to go or stay,
Being too full of sleep to understand
How far the unknown transcends that we may know."

—*Chicago Clinic.*

The Druggist and the Doctor.

Some Remarks on Dr. Muren's Article, by a Professional Pharmacist.

Editor Critic and Guide: As a constant reader and occasional contributor to your columns, I should like to say a few words of criticism on the article Dr. Muren contributed to your May issue on the responsibility of physicians, dentists, and druggists in connection with venereal diseases. The physician and dentist can answer for themselves. I take the liberty of putting in a word for the druggist.

I cordially agree with Dr. Muren, that no druggist is qualified to treat venereal or any other disease in any form. (The giving of "first aid," or rendering temporary assistance in the absence of a physician is another matter.) I furthermore think that a druggist who habitually treats cases of venereal disease should be disqualified, and fined or imprisoned into the bargain.

But Dr. Muren's statements are too sweeping. He says: "It may be assumed from this that the druggist has no knowledge whatever of disease. Why, then, does he attempt to treat diseases about which he has no knowledge except the most superficial, etc.?" Again, in another paragraph: "In attempting the treatment of venereal diseases the druggist speaks lightly of them to the patient, assures him that some mixture he has for sale will cure him readily, and thus prevents the patient from seeking competent advice that might save him from much future suffering and unhappiness."

I am well aware that there are druggists who do these things in the same way that there are a number of physicians who make a large part of their income by aborting pregnant women, and others who use the information they have received in professional confidence to levy blackmail on their patients.

There are black sheep in every flock, but why should the unfortunate fact that certain druggists attempt the treatment of diseases they have no right to diagnose or prescribe for be used as a lever against the whole pharmaceutical profession?

Both medicine and pharmacy have taken immense strides in the past twenty years. Both professions have members in their ranks who have done noble work for humanity and, I regret to say, both have certain members who would be a disgrace to an incorporated order of chimney-sweeps.

When the physician and pharmacist work together, they make a strong team. When they "pull apart," both of them are the losers, and the public suffer with them, only to a greater extent.

The public are very apt to consult the druggist before they invest five dollars in Lydia Pinkham's vegetable swindle, or Doctor Pierce's Golden Medical (?) fraud. There is many and

many a boy who reads the advertisements of the advertising charlatan, and wishes to know the druggist's opinion of "Big G" or "O. K. Specific" before he buys it.

To my mind, there is only one course a responsible man can take, and that is to turn down the patent nostrum and send the inquirer to a reliable physician at once. I do this myself, and find it pays me to do it; but I am working with physicians who are perfectly willing to have me live.

In scores and scores of cases I am the loser (for the time being), as the case may not be one which requires medicine. On the other hand, I often come out ahead, as the profits on prescription work are far ahead of those on quack medicine.

The case of J. W. cited by Dr. Muren is a horrible one. I have no hesitation in saying that the druggist who "burnt" the initial lesion should have been sent to the penitentiary for doing so; but is that druggist a type of the profession? We have nearly two hundred registered pharmacists in Nova Scotia, more than half of them are personally known to me. I am thankful to say that I do not know a single man among them who would be fool enough to attempt a similar case. During the summer I meet scores of American doctors, dentists and druggists. I am deeply interested in tuberculosis and venereal disease, and I naturally try to acquire information from people who have more experience than I have. From what I have been told and from what I have observed, I deduce the fact that substitution and counter prescribing usually exist in direct ratio to the number of physicians who are hostile to the druggists.

I do not mean to insinuate that the physician is the only man to blame. I had to point out to a friend of mine only a month or two ago that as long as he kept a combination ice cream parlor, toy shop and newsstand, with a few hundred dollars' worth of obsolete and stale drugs as a sideline, he could hardly expect the doctors to send much dispensing to him. I also told another friend, on the same occasion, that as long as he allowed Cook's Cotton-root Compound and the Shoop remedies to run their advertising over his name, he couldn't expect to be a "persona grata" with the medical profession.

There are thousands of druggists in the United States and Canada who realize that they have a higher mission in life than the vending of patent medicines, whisky, soda water, candy and dime novels. There are thousands of physicians who are above reproach in their professional and personal surroundings. Why, in the name of God, should the two professions be continually throwing mud at one another?

Working together, they can do a great deal to alleviate human suffering; pulling apart, they are only working on behalf of the *ignoble* army of quacks and frauds.

Every article which appears in a reputable journal devoted to medicine or pharmacy, disparaging the ethical practice of either profession, tends to widen the breach, which unfortunately exists between them. Personally, I have no grievance against the medical profession. More than half my receipts are derived from the filling of prescriptions, and if I have a friend who is poor and unable to pay a large fee, I can send him to New York, Boston, Halifax, Montreal or London and get some well-known medical man to give a consultation—or a dozen consultations—free of charge. I have not a word to say against Dr. Muren's indictment of the prescribing druggist. I do object to the classing of all druggists as quacks and fakirs.

Believe me, Yours truly,

EDMUND F. L. JENNER,

Digby, Nova Scotia.

We print Mr. Jenner's contribution with great pleasure. We wish all pharmacists were of Mr. Jenner's stamp.—Editor.

Remarks on Homeopathy.

In the CRITIC AND GUIDE of April, 1907, appears what must be accepted as Dr. Richard C. Cabot's Homeopathic Profession of Faith, as he consults with them, advises them, repudiates the term of "Regular," defends their dogmas, and deprecates the arrogance of the medical profession.

Therefore the question of what constitutes the claim of Homeopathy might well claim our attention. Homeopathy is founded on the ipse dixit of one man, whose dogmas were confined to similia similibus curanda, i. e.: That like cures like and infinitesimal doses—that is, the greater the dilution, the greater the potency. The latter has never been accepted in mechanics, arts, sciences or medicine; nor is it possible that they ever could be accepted, as science is based on facts and ignores fallacies. What, might we ask, has Homeopathy accomplished after masquerading as a science for more than a century? What valuable remedies has she discovered, what great men has she produced? Has time verified or confirmed her claims? What proofs has she to offer, outside of her porous statistics? The Encyclopedia (Chambers) says "That their much vaunted statistics are generally regarded as extremely fallacious," "and that physicians in general agree that their infinitesimal doses are a reductio ad absurdum."

Dr. Cabot states, however, as an evidence of their advancement that they are no longer restricted in their doses, but the Encyclopedia states that Hahnemann himself admitted that this system of dosage was with him simply a *last refuge* from the contradictory character of the results obtained in the earlier trials of remedies, according to his "assumed principles."

This candid admission eliminates the most prominent part of their dogmas, and there but remains "similia similibus curanda," for which they claim all the advancement in medicine, as illustrated by vaccination, antitoxin, belladonna, and so forth. Why, you could drive a horse and cart thru such a claim, based as it is on dense ignorance of the principles of medical science.

It was never contended that vaccination cured smallpox nor that it could produce it, but that by immunizing the human system it would prevent and safeguard the patient from the disease. The same might be said of antitoxin. It never cured, never produced diphtheria, but it neutralizes its poison, after which we have only to contend with the damage already done by the poison; otherwise, it would not be an antitoxin, as its name implies. Belladonna never cured scarlatina, never produced it; nor would additional doses mitigate the effects of an overdose of it, but would add to the existing danger. Any medical practitioner of experience could verify these statements. Then how does the theory of "like cures like" apply to these and other much vaunted examples, might we ask?

There are, however, a class of remedies exclusively homeopathic beyond question; the mere mention of some of them will suffice, viz.: Bed bugs, cockroaches, pole cats, tarantulas, vipers, snakes, lice found on Philadelphia house flies, pus from the sore toes of negroes (as described by Dr. Hering), virus of the mad dog, excreta of the whale, hippomanes of the cow and mare, guano, potato bugs, anthracite coal, plant lice, toads, rotten potatoes, cobwebs, smallpox virus, wasps, wood lice, spiders and many other disgusting substances from all of which tinctures and triturates are made for internal administration. All of which is minutely described in the American Homeopathic Pharmacopeia, published by Boericke & Tafel, 1883. A text-book of the Homeopathic College of Philadelphia.

As no antidotes are mentioned and there no longer exist any restrictions as to doses, it would be appreciated if Dr. Cabot would kindly mention the latter, either thru the CRITIC AND GUIDE or in his lectures at Harvard University. Homeopathy requires to be known to be appreciated.

JOSEPH H. LOPEZ, M. D.,
Medical Director of Charity Hospital and St. Vincent Home,
Philadelphia, Pa.

The Use of Hospitals by Private Physicians.

NEW YORK, April 25th, 1907.

Editor Critic and Guide: Your journal, the CRITIC AND GUIDE, takes up such necesessary, tho neglected by others, topics that I suggest that you add another, viz.: *The relation of the family physician to the public or semi-public hospital.*

Dr. Stephen Smith, who is now Vice-President of the New York State Board of Charities, and who has held numerous hospital appointments, and perhaps knows more about hospital management than any one in this state, says: "Every person who is legally qualified to practice medicine in the State of New York should be allowed to send his patients to the public hospitals of the city, to attend his patients exclusively while in the hospital, and to invite any legally qualified practitioner to co-operate with him in the treatment of his patients, whether as a consultant or operator." "Under our present hospital regulations," says Dr. Smith, "the profession is wronged and patients suffer injury. The medical staff exercises all the powers of the most exacting monopoly, though the method of appointment secures only ordinary practitioners. Physicians, not members of the attending staff, whatever may be their abilities or rank, have no rights in the hospital. On sending their patients to a hospital they lose all control of the care and treatment which are assumed by the physicians who have been so fortunate as to be appointed to the medical staff of the hospital. The result is that the outside physician loses his patient, and, what is perhaps of more importance, the patient loses his physician."

When a man like Dr. Stephen Smith, who represents the state and is authorized by the legislature to supervise institutions, says this, is it not time to ask, Why should not the legalized practitioner be permitted to act accordingly? I submit this question to you and your readers for discussion.

Yours sincerely,

WILLIAM JACOBSOHN, M. D.

The Ray Chemical Co.

Editor CRITIC AND GUIDE:—Can you tell me who manufactures Dr. Shoop's patent medicines and Stuart's Dyspepsia Tablets? Dr. A. S.

As far as we know Shoop's notorious I-cure-you-or-money-refunded nostrums and Stuart's Dyspepsia Tablets are manufactured by the Ray Chemical Company, a concern in Detroit.

* * *

The Spectre of Examinations.

Professor Osler deplores the lack of proper preparation that most students bring to the study of medicine. No one, he says, can have watched successive groups of young men pass thru the special schools without profoundly regretting the haphazard, fragmentary character of their preliminary education. For our own part, we believe this is largely due to the early age at which, under the stress of economic conditions, the medical student mostly begins his professional studies. It is not so much, we believe, want of knowledge as immaturity of mind that is the

difficulty. Owing to the vast range of the curriculum a student is driven to specialize too early. He has to work, not to gain knowledge, but to get thru his appointed ordeal of examinations as quickly as possible. *Much as the raising of the general standing of education has done for the mass of the profession, we doubt whether there are among us so many men of truly original mind as there were when the student was not haunted by the ever-beckoning spectre of examination.*—(Brit. Med. Jour. No. 2372.)

Give Old Mother Nature a Chance

By John Kendrick Bangs

Escape from your shop for a little,
No matter just where it may be.
Go out in the green woods and whittle,
Or wander along by the sea.
Fly forth from the turbulent city
And all of its clangorous ills,
And list to the jovial ditty
Of birds on the burgeoning hills.

No matter how much you enjoy it,
Drop work for a moment and dance.
Go out for a little and "boy it"—
Give old Mother Nature a chance.
Be noisy and fresh, and be jolly;
Build castles of nothing but air;
Drop worry and black melancholy—
Escape from vexation and care.

Go lie in the grass and just holler;
Go laze by the babbling streams.
Forget there's a thing called the dollar,
And live in your visions and dreams.
Like mists of the night, like a bubble,
Will vanish unquiet and fear;
And out of the sea of your trouble
Will rise the warm sunlight of cheer.

* * *

And this is what we advise all our readers to do. And for this reason we have "cut it short". This issue contains fewer pages than usual. This means less writing and proof-reading for us, less printing for the printer and less reading for you.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. X NEW YORK, AUGUST, 1907 No. 2

☞ *It is a sin to work either mentally or physically during the month of August. That's all.*

An Encouraging letter.

July 22, 1907.
1226 State St., Schenectady, N. Y.

Dr. Wm. J. Robinson, New York.

Dear Doctor:—The July issue to hand. You say it contains fewer pages than usual, but the meat is there. I wish every physician in the U. S. could read what you have to say on the late A. M. A. meeting. It is too bad that conditions should force such utterances, but the necessity seems to be there and I hope corresponding good will result. Every word in this issue is a thought producer. A clean taste is left in the mouth. Would that there were more like you. The profession needs a good cleansing agent such as the CRITIC & GUIDE.

I have used Vin Mariani and it has served me well. Gray's Glycerine Tonic is excellent. Antiphlogistine I always prescribe and for the same reason you champion it against misrepresentation.

These old friends are too reliable to throw down.

Your work must often be disheartening and discouraging, for results are slow. Your friends, however, know that you fight on the square, and are your loyal supporters. Keep hitting!

The CRITIC & GUIDE is a benefit and a pleasure. It is doing a great work.

May success attend your efforts.

With best wishes, Yours fraternally,
RUSSELL J. SMITH, M. D.

I thank you very sincerely for your kind letter. Tho I have learned not to be unduly elated by praise nor depressed by blame,

still it would be disingenuous on anybody's part to maintain that the former is not more pleasant than the latter.

While I would maintain and defend my position if I knew that every one of the 132,000 physicians in the United States were against me, it is of course much more encouraging to know that some kindred souls understand you and appreciate your work. You are right in stating that my work must often be disheartening and discouraging. It is. And just as several years ago I was attacked and villified by the worst of the nostrum fakers, so I am now the victim of underhand work by bigoted ignoramuses, narrow-minded zealots and self-seeking hypocrites.

But I shall continue my work; for when I undertook the CRITIC & GUIDE I had firmly decided to follow my own light, as I saw it. I try to feel right, and then say just what I feel without giving a thought to results. That is, to personal results. If the results are favorable, well. If they are not favorable, also well, tho not quite so well.—Editor.

What Was the Attendance in the Section of Pharmacology and Therapeutics?

Mr. Hallberg felt very bad over the exceedingly slim attendance in the section on Pharmacology and Therapeutics. He knew than many physicians (real physicians, not druggists with an M. D. attachment) purposely kept away to show their disapprobation of the manner in which the section was run. Not a word, however, does he mention of the slim attendance. But this is what he says in his desire to mislead the outside world. (*Bulletin A. Ph. A.*, p. 206.) "The joint meeting with the section on the Practice of Medicine had an audience of over 500." Of course, Gambrinius, this meeting had an audience of over 500—but why? *Because the Section on Practice of Medicine had alone a registration of 954!* (See official report, *Journal American Medical Association,* July 6, p. 74). So what credit is that to you? Some of the meetings of the Section on Practice of Medicine, held alone, not jointly with any other section, had an attendance of eight or nine hundred! But what was the attendance of the Section on Pharmacology and Therapeutics? Let us see. According to official figures (See J. A. M. A., July 6, p. 74) the total registration in that section was 52! Just think of it: out of 3,700 physicians who registered at the last meeting only 52 registered in the section of Pharmacology and Therapeutics. A large percentage, isn't it? But if one should think that was the real attendance of the section, he would be mistaken: it was much less. A number of members registered in that section without ever attending. So, for instance, Dr. Geo. H. Simmons has during the

last few years done us the honor of registering with us, without ever entering our portals. With the sole exception of Wednesday morning (as mentioned in the July C. & G.) when many members of the Section on Practice of Medicine came over to us, the *highest* number of attending members of our section was 23! Otherwise, 15 to 20 was the average. On Thursday afternoon when the election took place I introduced a resolution (the fairness of which no deep-thinking person can deny) that no member of the section should be elected to office twice in succession. Frequent change in office is inimical to graft and bureaucracy. Practically all the *doctors* voted with me and the number was 12; the druggists, friends of Hallberg, voted against and their number was 11; Hallberg then added his vote and that made also 12. This being a tie, Dr. Wood as chairman voted with the opposition and the resolution was thus defeated. But this is not the point. The point is that at the most largely attended meeting the number of *members* was 23; with the chairman and secretary 25. And that all on account of Hallberg's bulldozing, boozing, antagonizing personality. Five hundred indeed! Why not say that the attendance in the section on Pharmacology and Therapeutics *plus* the other eleven sections amounted to 3,700?

Blow no more bombastic bubbles, for the CRITIC & GUIDE will prick them—one and all.

What is the Moral of this Incident?

In the May issue of the CRITIC & GUIDE there appeared an editorial squib entitled: What is the moral of this incident? Therein was shown the silly inconsistency of an unthinking physician in condemning nostrums and himself using humbugamnia, I mean antikamnia. The humbugamnia manufacturers sent out this squib to be printed as a reading notice in the journals in which they advertise. They should have waited for the right moral. And the right moral is that the United States has 80 million inhabitants and most of them fools (this is true of every other country), and that many people who think they think do not think at all: they ruminate. Dr. X. belongs to this class.

Do Women Suffer in Labor?

The critically critical editor of the CRITIC AND GUIDE, takes Dr. Porter to task for his recent paper in *The Lancet-Clinic* in which he seemingly approvingly quotes Dr. H. G. Landis, of Columbus, to the effect that "a woman in labor suffers practically not at all, and that the pain commonly alluded to in labor is partly tradition, and even in the expulsive stage of the process the suffering is largely imaginary." The editor thinks that it is too bad that Dr.

Porter, being a male, cannot be made to undergo the pangs of childbirth once at least, and intimates that he would then speak from personal experience and not from what Dr. Landis, another male, had said. We wonder what Dr. William J. Robinson, Ph. G., M. D., knows about it. He looks and acts very masculine. He probably also speaks from tradition. If not, he is a primipara or a multipara.—*E. S. M., in Cincinnati Lancet-Clinic.*

Dr. McKee can be witty, but on this occasion he missed the mark entirely. Belief in excruciating labor pains is not based on tradition. It is based on *seeing* and hearing. Only one who is deaf, dumb and blind may doubt the reality of labor pains. And one needn't go thru labor to be entitled to speak of them as a reality. If I believe that toothache is painful without having had one, I cannot well be accused of speaking from tradition. But if one scoffs at the idea that toothache is painful, it would be but poetic justice if the scoffer got a good dose of odontalgia for just about one hour.

The Story of Rose and Edward.

Dear Dr. Robinson:

The little storiette of Rose and Edward in the May issue ought to be engraved and hung up in every doctor's office; stamped on the back of every doctor's diploma; read aloud in medical colleges as an opening service at the beginning of every term; used as a baccalaureate sermon at the close of each term; and pasted in that book known as Gray's Anatomy, on the page where the sphenoid bone is described. At every betrothal a copy of it should be presented to the prospective bride as a warning, and another copy given to the prospective bridegroom, to be learned by heart by each of them, and repeated in chorus at the conclusion of the wedding. That is what I would do with that sermonette, and with a good many other things you say.

C. S. CARR, M. D.

Columbus, O.

Tanphenyform.

In our May issue it was stated in one of the editorials that tanphenyform had not been passed by the Council. When the editorial in question was drafted, the statement was correct. But in the meantime the preparation was passed and in justice to all concerned we herewith make the correction. We always stand ready to correct any unintentional errors that may appear in our pages.

Sex-Relations—Actual and Ideal.

With a Word as to Giving Children and Young People Clean, Clear, Kindly Teaching on Delicate Subjects.

BY REV. N. E. BOYD.

This address was delivered in Boston, under the auspices of the Moral Education Society and the Ladies' Physiological Institute. It is published in the hope of doing good. I am sure its teachings would have been of incalculable help *to me,* could I have had them from some wise and faithful friend when I was a very young man.

In presenting for your consideration some thoughts on sex-relations, actual and ideal, it is my purpose to give right notions, awaken right feelings and lead to right behavior about the reproductive system—in other words, to lift up a standard of sexual holiness and win as many as may be toward its attainment.

There is hardly another subject on which correct ideas and firmly settled principles are more important. Right sentiments and views and practice here result in the purest and sweetest joys of human life, in manly and womanly perfection, in true conjugal love, in healthy children and happy homes; while on the other hand, misunderstanding and misbehavior are followed by the most woeful and disastrous consequences. A great proportion of all the weakness and failure, the pain, disease and crime that curse the world, takes its rise in abuses of the generative function. By spending their strength in enervating indulgences men forfeit health, happiness and the grandest possibilities; while the gratifying of habitual lust (which some falsely call "natural propensity") causes a continual and frightful increase in the number of diseased and vicious creatures, doomed to misery by the sins of their parents before they are born. The hideous cruelties of libertinage call forth such indignant, brave and harrowing works as Helen Gardener's novels in this country and Stead's "Minotaur of Modern Babylon" in Great Britain. Here in the United States feticide has become terribly prevalent. Professional abortionists and vendors of nostrums for female "irregularities" are eating out the nation's vitals like a malignant cancer. Contagious diseases of a kind not usually termed epidemic are insidiously polluting and enfeebling all classes. Myriads, unsuspected and unsuspecting, are bled to death under the lulling wings of a secret vampire, and "medical experts testify to the frightful percentage of idiocy, insanity and sottishness due to the vice which the trade in obscenity teaches and fosters."

These abuses, with their miserable fruits, are largely due to

While we do not, of course, agree with all the author says, the paper is well worth careful study.

ignorance of physiological law. To put sound knowledge, therefore, in place of such ignorance would tend to remedy existing ills and to prevent their recurrence in the future.

HOW TO TAKE UP THE SUBJECT.

I am well aware that many very estimable people are opposed to plain, frank dealing with these matters, and especially to instructing children and youth about them. They regard the topic as dangerous in itself, and assume that the less it is dwelt upon, or even alluded to, the better—in fact, that one can hardly touch it without being defiled—as if it were somehow essentially impure. But such views, no matter who hold them, are mistaken and hurtful. "To the pure all things are pure." Procreation—wherein the Supreme Being delegates to man and woman a measure of creative energy—is indeed a sacred theme, and never to be profaned nor lightly treated; but holding it thus sacred is quite a different thing from affecting to ignore the subject and treating it as unclean. "What Infinite Wisdom, Power and Love has created, no man nor woman ought to be ashamed to think of, to speak of, to read of, learn and teach." In the Divine Presence we must recognize our whole nature—every faculty and function—it is all from God. We are not to disown or to be ashamed of any part of it, but only of abusing, of dealing unworthily with any part. We have been created male and female. To condemn our sexual nature is a fearful error; we should rather own it as a precious trust, be thankful for it, and consecrate it wholly. Its misuse is dishonorable; but nothing else about it should be so regarded. That is a false modesty, a prudish delicacy, that winces at all reference to generation, and would, if possible, taboo the subject in bringing up the young.

But it is very needful that we approach the theme in the right temper. Let it be taken up only with reverential hands, with teachable mind and chastened spirit; then its consideration, far from being hazardous or harmful, will prove wholesome, helpful and ennobling.

"The first question to be proposed by a rational being is not what is pleasurable, but what is right. If we inquire first for our enjoyments and then for our duties, we shall certainly err." When, therefore, a medical writer or anybody else puts the problem in this way: "How often may one safely expend his force in sensual pleasure " the answer, prompt and positive is, "Never!" It is debasing to ponder it in any such prurient mood, to consider it for a moment from such a standpoint. We must get upon a higher level, to begin with, asking of the Power above, "What wilt Thou have me to do?" We should seek honestly and earnestly to discover the intent and laws of

this department of our being, and, having learned them, to conform ourselves thereto · in other words, to ascertain the Divine will, and to do it.

ESSENTIAL POINTS.

(I.) In the first place the sexual instinct, universal and mighty, proves beyond a doubt that healthy persons should be parents. With the ripening of the body comes desire for union with the other sex: and one in whom desire never wakens is neither perfect man nor perfect woman.

When a man meets a woman of child-bearing age, who draws him by peculiar charms (whether of body, mind or spirit), who goes far toward realizing or mightily suggests the realizing of his Ideal of Womanhood, it is natural for him to feel a sexual impulse toward her. She becomes to him a type of the Humanity he would see perpetuated; and by the very instinct of self-preservation—of race-preservation—he is moved to join the best of him with the best of her—to blend their life-essence in generation.

When such an impulse comes upon a man, let him not be angry, let him not chide himself for feeling it—no more than he would be angry with a little child that came and asked him for something it wanted; neither let him give way to it inconsiderately and indulgently, for it needs the control of a consecrated will, obedient to a conscience enlightened by reason. Let him reflect: "This impulse, yielded to and carried out, means offspring, hers and mine." Let him ask himself: "Is she willing and ready to become the mother of my babe, assuming all the cares which that implies? Are we prepared between ourselves, in God's presence and before the world, to stand by the natural results of conjugal union—to stand by them gladly, and faithfully, and gratefully?" If the answer be: "Yes, yes!" then let him give way to that impulse—freely, reverently, rejoicingly. And if the woman also be drawn to him, as the Man whom she would see immortalizd in her progeny; if they be in health fit for parentage; if they can give that holy thing, which shall be born of her, due welcome, care and training, till it become, under God, self-sustaining—if thus, both mother and father being devout and consecrated, that impulse be followed freely, gladly, holily—surely the child of their mutual love must be a child of Holy Spirit.

Man, then has been created male and female, and endowed with that imperious appetite whose normal and complete satisfaction leads to the conception and birth of offspring, in order that the human race may be kept up; and one duty of the highest, noblest men and women is to perpetuate themselves in children and improve the human stock.

(II.) But, on the other hand, the frightful maladies which overtake the lewd—the sufferings, bodily, mental and spiritual, which so surely follow every species of incontinence, whether social or solitary—prove as conclusively that this "immensely overloaded" appetite must be controlled—let us say, subjugated, by the higher faculties, and made strictly subservient to its providential end, i. e., the transmission of life to our posterity. "The pleasure attached to this function is simply to ensure reproduction, nothing more," and may never be sought knowingly, for its own sake, with the Divine sanction. Mere passional enjoyment is not, in itself, a legitimate end of pursuit for sons and daughters of the Most High! "What God has joined together let no man put asunder," by trying to dissever the most intense of sexual delights from parentage—parentage deliberately, cheerfully, yes, religiously accepted. Children who, when begotten and conceived, are not welcome to their fathers and their mothers, are "conceived in sin and shapen in iniquity," and coition meant to be unfruitful is licentious, whether in or out of wedlock.

(III.) For—as to wedded life—"it is time that marriage was regarded as something higher and nobler than a condition granting license to the passions." The divine law of purity is not to be annulled by any usage or enactment of human framing; and no formula pronounced by magistrate or clergy, no mutual convenant between partners in a sin avails to make uncleanness holy.

Let us not be misled by depraved notions and low talk, however common, about "normal appetites" * and "marital rights" and "conjugal duties." Be sure that there are no such "physical necessities" as require a woman to submit herself, in or out of wedlock, to the unwelcome embrace of any male, nor as justify a man in selfishly exacting of any reluctant woman the gratification of his mere carnal appetite. The wrongs perpetrated by lustful husbands upon myriads of outraged wives are a deeper woe than brothel harlotry. Many a man is a selfish, cruel despot in his marriage bed; many a woman suffers herself to be habitually degraded into the tool of mere animal gratification, to the ruin of her own health and of her born or unborn offspring, because they have never been taught better.

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*"Normal appetites," forsooth! Under our nineteenth century civilization, with its hereditament of long-nursed and pampered salacity, the sexual desires of the average man are about as normal as the common drunkard's quenchless thirst for whisky, or the opium fiend's mad longing for a shot of morphine! And, it seems to me, the judgment of too many medical men as to what is "natural" is debased by their having much to do with patients laboring under morbid and exaggerated amativeness.—[Quite true. W. J. R.]

A TRUST, NOT A TOY.

Let the young man then, from his very boyhood, learn this truth: "Your virility is ever a sacred trust, never a toy;" and let him adopt for himself this twofold rule: Treat no woman otherwise than you would have your own sister treated by some other man, and treat yourself no otherwise, not even in thought, than you are willing she whom you most respect and love should know.

The more intense and abounding any power with which we are endowed, the greater is the need of its being mastered and trained. If a mettlesome young blood-horse becomes your property, do you let him tame you and drive you? or do you break him and ride him? Why, if you failed to make the noble creature docile and cheerfully obedient, you would be pitiable; such failure (whether it resulted in his taking the bit in his teeth and running away with you, habitually, or in your killing him, because you despaired of managing him) would betray weakness and lack of manhood. Just so with regard to the amative propensity, your manliness is shown when you possess yourself and master passion, not when passion overpowers and possesses you; you are to get the upper hand and keep it.

When, therefore, desire wakens; when a definite impulse toward closest union with the beloved one is felt and recognized, but the natural result of such a union would not be wholly welcome nor desirable, then say to yourself: "No! this is not for you! It is not even to be thought of now. So content yourself without it." Then must the spiritual and moral man speak with authority; with that might of proper, resolute self-assertion which will not be gainsaid, and the pleading passional and animal nature must learn to obey—to obey cheerfully and promptly, "like a weaned child." Let the body, thru a discipline gentle, yet firm and persisting, become the well-trained servant of the spirit; and let us learn the true wisdom which does not think about satisfying the lusts of the flesh, save incidentally to providential uses.

(IV.) While any mere sensual indulgence is unworthy and degrading, let it be understood that continence is wholesome and honorable.

High medical authorities declare that "no condition of life is more thoroly consistent with perfect physical and mental vigor. * * * The organs are not weakened nor their power lost, nor is there a tendency to * * *any of those ills which certain vicious writers and superficial, careless physicians have attributed to this state." "The choicest molecules of the blood (physiologists agree) are requisite to form the semen; and altho a healthy person may now and then discharge his seed without apparent injury, yet if he chooses—for the sake of greater strength and efficiency, either physical, in-

tellectual or moral—to refrain entirely from sexual pleasure, nature well knows what to do with these precious atoms. She finds use for them all in building up a more alert and vigorous brain, more vital and enduring nerve and muscles."

That any injury is sustained by living a thoroly continent life is an utterly false and pernicious notion. But remember that, in order to attain perfect chastity and thoro continence, the thoughts must be disciplined, the desires kept pure. No lewd imaginings, no voluptuous reveries, no inward uncleanness whatever may be tolerated in ourselves—not for one moment. Banish all such instantly and resolutely.

"As a man thinketh, so is he." If a boy obtains the impression, from books or from companions older than himself, that at the age of fourteen or fifteen the spermatic secretion is necessarily formed and accumulated, and that, too, without his knowledge, volition or power of prevention, and that in order to keep his health he must in some way periodically throw off that secretion, his actions will immediately begin to correspond with his belief.

The comparison by medical men, of this secretion with the bile, gastric juice, etc., fixes this false theory in his mind and confirms him in his pernicious habits. But substitute the word "tears" for bile, and you put before that boy's mind an altogether different idea. He knows that tears, in falling drops, are not essential to life or health. A man may be in perfect health and not cry once in five or even fifty years. The lachrymal fluid is ever present, but in such small quantities that it is unnoticed. Where are the tears while they remain unshed? They are ever ready, waiting to spring forth when there is an adequate cause, but they do not accumulate and distress the man because they are not shed daily, weekly or monthly. The component elements of the tears are prepared in the system, they are on hand, passing thru the circulation ready to mix and flow whenever they are needed; but it they mix, accumulate and flow without adequate cause—without physical irritation or mental emotion—the physician at once decides that there is a disease of the lachrymal glands. It is my belief that tears and the spermatic fluid are much more analogous in their normal manner of secretion and use than are the bile or gastric juice and the semen. Neither flow of tears nor semen is essential to life or health. Both are greatly under the control of the imagination, the emotions and the will, and the flow of either is liable to be arrested in a moment of sudden mental action. Also, when a man sheds tears there is a subsquent depression arising from nervous exhaustion consequent upon the violent emotions which caused the tears, and a similar effect follows seminal emission.

Now, were men and boys made to believe and feel that it is as degrading for them to allow a seminal emission without rational and proper cause as it is unmanly for them to shed tears frequently or on trivial occasions, and that, moreover, uncalled for emission is a destructive waste of life material, the formation of habits of masturbation, promiscuous intercourse and marital profligacy, with all their disastrous consequences, might be largely prevented.

The difficulty of dealing with this subject, aside from the delicacy which is supposed to attend its consideration, lies chiefly in the fact that most people are born with large amative propensities. The license of past generations has engendered a morbid sexual excitability in the present, which can only be counteracted, and that very gradually, by direct education of the young on sexual ethics, and by general spreading of

knowledge on the normal functions and rational use of the generative organs.

THE HIGHEST IDEAL.

(V.) The ideal standard, then, is to exert the generative function when children are desired, and rightly desired, and only then—i. e., when both man and woman are in good health and spirits, and in thoro, loving harmony; when, moreover, conception is likely to ensue and the best qualities of its parents be embodied in the resultant offspring.

There may be exceptional cases, in which a person's life is dedicated to some special, absorbing work that cuts one off from the cares and joys of home, but as a general rule let the best humanity (meaning by "best" the most gifted and cultured in body, mind and soul), let the best humanity, with solemn yet glad consciousness of responsibility, with unreserved self-devotion, and with yearning enthusiasm for glorious offspring, let them " be fruitful and multiply and replenish the earth" with an ever-diviner race, that shall in the fullness of time "subdue it" into perfect heaven. But—note this well!

(VI.) It is always for the female to decide when impregation may take place. Observing the lower animals alone would favor this conclusion; and justice and reason dictate that she who feeds the unfolding germ with her very life-blood, endures the pangs of travail and nurses the babe at her own breast, should be left to decide freely, without compulsion or entreaty, when she is ready to undertake the holy office of maternity.

Moreover, "while the mother's body is the temple of a possible angel, duty to the unborn should take precedence of all other duties." The person then, if ever, should be held inviolably sacred. To prostitute her while pregnant to merely sensual uses inflicts atrocious wrongs both on her and on her offspring. It causes the woman a variety of distressing maladies, and it nurses libidinous blood in the progeny, whom it also robs of constitutional stamina, and predisposes to epilepsy and idiocy.

The same holds true, in a measure, so long as the infant draws its mother's milk.

While, therefore, it is for woman to determine when (and when only) the closest relations may be assumed—

(VII.) It is the part of a true man to possess himself, rendering instinct and passion wholly subject to reason and conscience. Holding his virile power as a sacred trust, which he scorns to abuse and waste in wantoning, he will never look upon a woman to lust after her—i. e., in order to nurse desire—not even tho she be his wedded wife. ("Treat thy wife as a lover, save only when thou wouldst have her be a mother—this is the great secret.") And in preserving this chaste continence, true womanhood will faithfully aid—tenderly sparing

him all tantalizing, unseasonable excitement. There will be thoro mutual understanding, considerateness, helpfulness and co-operation.

Those who purpose marrying should be frank and undisguised with each other; for the time to prevent divorce is before marriage. Compare honestly your traits, tastes, views and aims. One of the chief requisites for a happy union is that husband and wife agree in regard to what constitutes sexual purity—and how can they know that they will harmonize unless each knows, in advance, the views of the other? Be sure before marriage, that you understand each other perfectly in regard to the questions of continence and child-rearing. Nothing can justify the neglect of his precaution.

"AND A LITTLE CHILD SHALL LEAD THEM."

"The first obligation of man and woman, as partners in parentage, is to make the best possible conditions for the child." A true union of souls and conjunction of wills on the part of his parents is rightfully due the coming man. If they don't want children, let them give up all thought of those relations which naturally lead to childbirth. Unwelcome children are apt to be deficient in power to resist evil influences, in stability of purpose and in capacity for pure affection. "It is cruel to take a step that allies one with the supreme creative force, careless as to whether the being created shall live to bless its parents or to be a burden upon them and upon society. The first necessity is that the child shall come because desired; otherwise, it must lack the two most potent and important elements of character—love and will-power. This right of the unborn to be invoked by parental love, and to be well-born, is the key to human progress."

I look for the final extinction of "The Social Evil" and all its kin (and by that I mean all the ills which come upon mankind from their false notions, morbid feeling and wrong-doing about the sexual nature. "Prostitution," as the term is commonly understood, covers but a tithe of the trouble; indeed, it is rather an outward symptom than the malady itself; the poison burrows long and deeply in the system, and fairly saturates it, before breaking out upon the surface.) I look for the radical cure of the social evil in all its phases only thru the triumph of the foregoing principles over habits of selfish personal indulgence in individual minds and hearts and lives.

AND WHAT ARE WE TO DO TOWARD THE WINNING OF THAT VICTORY?

"If ye know these things, happy are ye if ye do them."

First, clearly it is for us who believe that we have learned the truth in this matter, to acknowledge it practically in our own lives as promptly and squarely as we may, the spirit also helping our infirmities.

Chastity, like charity, must begin at home.

Next, while we try to live the truth which maketh free we must also bear our witness to it by word of mouth. We ought to declare it on all suitable occasions, even tho the principle be in us militant and not yet triumphant. "We must hew by the line tho the chips fly in our faces." And I am sure that openly testifying to his conviction helps one in the secret effort to live holily. We like to be conscious of consistency in thought and word and act!

But in seeking to promote the knowledge and adoption of the better way, we shall produce comparatively slight effects by directing our endeavors toward adults, who have already formed habits of indulgence, whether legalized—in the ordinary sense—or illicit. To achieve the best results, we must choose the most impressible pupils—those not too old to learn. To teach effectively upon any subject, seize the time when curiosity about it first awakens. Children begin early to put questions about the origin of human life, and they are then entitled to straightforward, satisfying answers. It is right and proper for them to ask; it is also right and proper for their elders to tell—tell truly, simply, clearly, with tender seriousness and reverence, too.

Dodging the child's question, or answering it evasively, at best fails to satisfy its curiosity, leaving the ground unoccupied, for the future reception of bad or good seed, as the case may be —with the chances in favor of its being bad. Thus you leave "the unsullied chambers of its brain," which should be filled with angelic tenantry at the first opening, to be possessed of any devils that may happen along. But generally the matter is so bungled as to inflame the curiosity, which was natural and wholesome, until it becomes morbid and guilty, and courts the demoniac influences which wise teaching might have neutralized and replied. When your distrustful reserve has forbidden the little ones to give you their confidence in "delicate" matters —the very ones regarding, which you should make a special point of winning and keeping it—they are not only left exposed, unarmed, to temptation and corruption, but precluded from seeking your guidance when they are in doubt, or help and comfort if they get in trouble; they are prepared, I may almost say driven, to fall a prey to those vile quacks whose advertisements deface the columns of low papers, further mislead the erring, impose upon the ignorant, and even poison the innocent and unwary.

Enough of how not to do it. Now for the right way.

TELL KINDLY, FRANKLY, REVERENTLY.

Suppose an infant brother or sister appears in the house. The elder child (perhaps only two or three years older), interested

and delighted, wants to know, "Where did you get baby? Where did she come from?" Then is the providential moment to tell the guileless, candid little seeker, "Dear, she grew inside of mother; she had been growing there this long time—almost a year."

If the next inquiry should be, "How did she grow?" You might answer, "Oh, as an apple grows upon the tree. You remembered how I showed you a little bit of a knob on the branch of our apple-tree after the blossoms fell off last spring, and how it grew bigger and bigger, and kept sucking sap from the old tree, till it got as big as your fist, as big as my fist, and by-and-by it was so large and ripe it could not hang on any longer, and then off it dropped! Well, that was somehow the way with baby sister; only, instead of hanging on a limb, she grew in a little pouch in dear mother's body, and when she got large and ripe enough she was born."

Should our young inquirer still ask, "But how was she born?" he might be told (still, and always, with simplicity and reverence on the teacher's part), that "mother's body came open and baby was pushed out."

All this—and more, if need be—kindly, purely, seriously. There is nothing in such inquiries and answers that need raise a laugh or blush.*

Yet to guard against giving what is holy to dogs, nay, more, against offending those who are as yet weak and unable to bear, it would be well, while inviting free inquiry and thoro confidence from our children and pupils, to caution them somewhat as follows; "You can always ask me about these things; I will be glad to have you, and will tell you the best I know. But do not speak to anyone else about them; and when you want to ask me, wait till we are alone together. And if you hear anything said about babies growing and being born, that you haven't heard before, always come to me about it, and find out if it is true."

I would not try to tell more than is asked for; but would simply appease curiosity for the time being with truthful and enlightening answers, leaving the child encouraged to inquire further when new questions arise in his mind. I would not hesitate, however, to exhibit and explain anatomical plates and manikins, if they were within reach; I would slake the thirst for knowledge with physiological facts; particularly as playmates and bedfellows often discover the most obvious differences of sex, and presently ask why God makes little girls different from little boys.

* "Naked and not ashamed" is not only the virgin innocence of ignorance, but the height of pure attainment also. "They that have ears to hear, let them hear.

Such interrogatories bespeak the most candid innocence. Then do you—with a silent thanksgiving that the young mind is thus pure, and a silent prayer for grace to improve aright so blessed an occasion—plant in that virgin soil the good seed of chastity and righteousness This is the golden moment for teaching the true office of the sexual organs, namely, that they are for making human beings; that they are very precious and sacred; that it is not right to try to use them until they are fully grown and fit for their important work; and that even then people must do so only when he and she love each other so dearly that they wish to make home together, and are all ready to take care of baby when it comes.

One morning a young mother, leading her seven-year-old twins by the hand, entered the lecture-room of Dr. S——in Paris, just as he had dismissed his class, and politely asked that herself and children might be shown the large anatomical plates of the human body. As one after another was exhibited and explained, the plate showing the womb in the seventh month of pregnancy with twins came in order; and as the doctor was hastily withdrawing this without comment, the mother said: "Please do not lay *that* aside; it is the one of all others I am most anxious that my children should see. Be so kind as to explain it fully to them." And, placing her little sons directly in front of it, "You know, my darlings, I have told you that some day I would show you a picture of the little room in my body where you lived and slept so long a time before papa or I saw you. We can't help loving one another as we do, when you see how close to mother's heart you both lay for nine happy months. By that time you had grown too large to be comfortable in that warm room, and then it opened for you to pass out into my arms. Dear little sister lived there, and came to us in the same way; and God lets all little babes have such homes in their mothers' bodies until they are old enough to leave it." Dr. S—— was moved to tears, and said to her: "Madam! you have given me, as well as your children, the best explanation of that plate that was ever made. I cannot add a word." And as she left the room, "Ah!" said he, "I need have no doubt as to the kind of men those sons will make, with such a mother and her pure instruction."

The knowledge that one mother had so thoroly understood and performed her duty to innocent childhood stimulated me to tell my sons, at an early age, the simple truth in a similar manner. And now, in their early manhood, the uprightness of their character and the purity of their lives, their daily devotion to me and all womankind, is a glowing testimonial in favor of intelligent truth against falsehood and deception.

Let us give the young people, from the very outset, definite as well as ennobling views of sexual facts and duties. The subject is sure to be thrust upon their attention sooner or later, to be canvassed either openly or clandestinely, with the upward or with the downward look. Then let their first impressions (which are proverbially the abiding ones) come fresh and sweet from the wise and good, not foul and poisonous from some ignorant, corrupted source. Do not let the enemy get in his tares before your wheat. And never tell of wickedness at all unless or until you have to; but let the good impressions come as early and get as firmly fixed as may be. Remember

that the seedtime is made known by the first questioning; and the sooner ideas of continence and chastity are implanted, the more likely are they to become rooted, abiding principles. And again I say: Do not let the enemy get in his tares before your wheat.

Were our young folks treated in the manner sketched above, would they not be prepared to meet the tests of later life understandingly, religiously, triumphantly? When, at the age of puberty, desire awoke, would it not be better interpreted and controlled? Would not the youth view the portion of his nature now unfolding as a function to be trained and disciplined and hallowed? Would not the maiden reverence her maternal power? Would not each be wiser for both, "forbearing one another in love"—saving each other from all the unwholesome excitements and risks to which fond ignorance too often exposes lovers?

By and by, it may not be for ages, but by and by humanity shall learn the lesson that "this is the will of God—our consecration—that we abstain from all impurity; that we know, every one of us, how to keep our body in sanctity and honor, not in passionate desire—for God calls us not for uncleanness, but in holiness."

Then shall the sweet old gospel story again come true—children will be begotten as to their fathers, of holy spirit, and conceived by mothers whose virginity of soul is sullied by no taint of carnalism.

Young men! young women! will not you, recognizing the principles above set forth as sound, work them into the texture of your own lives and characters, and help to make them known and honored in the world?

*** Those who would master passion and live chastely often find it easier to do so on a simple, unstimulating diet, made up mainly of fruits, nuts, grains and pulse, with dairy products in moderation, little flesh, fish, fowl, tea or coffee, and *no* alcoholic drinks, hot spices or drugs of any sort.

Remarks on the Treatment of Acute Diarrhea in Infants.

BY MAX R. DINKELSPIEL, M. D.

Formerly Resident Physician of the Philadelphia Hospital.

There are three well defined principles which should be recognized in every case of diarrhea in infants, before treatment can be instituted on a scientific basis, principles which altho self-evident are nevertheless in a large percentage of

cases very difficult to enforce. They are, first, absolute co-operation on the part of the child's attendants with faithful carrying out of the physician's instructions; second, the maintenance of hygienic conditions as near the ideal as possible; and third, the recognition of the fact that diarrhea is but a symptom, not a disease, and a condition expressive of various etiologic factors, some of which are not always necessarily located in the intestinal tract.

While the question of co-operation on the part of the parents or other attendants is often assumed, I feel convinced that if statistics on the subject could be obtained the results would be confirmatory of frequent neglect. It requires an attendant of firm executive ability, and of absolute loyalty to the physician's instructions, to withhold food for thirty-six hours, to sponge a child that is burning with fever with very cold water, to leave the windows of the room open day and night in even moderately cool weather, to sterilize feeding bottles every two hours, to withhold food from an over-fed child when it is crying for it, and to perform a multitude of other procedures which may be erroneously interpreted by the mother or her relatives and friends as hardships. Sympathy, while it may naturally cause us to overlook or condone such neglect, ought nevertheless not prevent us from imperatively maintaining when necessary, that the recovery and often the life of the child may be in the balance, and dependent upon the faithful execution of the above named measures.

That hygienic measures are of paramount importance in the treatment of diarrhea of infants, is a fact which is readily perceived when we consider the proportion of cases occurring under unhygienic surroundings. This is one of the reasons why these diarrheas are so prevalent during the warm weather, and why they so readily improve at the seashore or other places where fresh air, the absence of congested districts, and more cleanliness are in evidence. I am sure that the establishment of large resorts for the infants of the poor, either at the seashore or in the country, during the warm weather, would prove lasting monuments of philanthropy, much more so perhaps than libraries, scholarships and the like, for many a child cannot live to enjoy such bequests, for want of fresh air, pure water, proper food and adequate attention.

Food and external temperature have such a profound influence upon the cause of infantile diarrhea, that we must look to these two agents when considering the prophylaxis. It is furthermore a statistical fact that almost an overwhelming majority of gastro-intestinal disturbances in infants, especially in summer, occur in those that are fed artificially. It is an

unfortunate condition, yet true, that the increasing tendency of many mothers to shirk the responsibility of nursing, is largely responsible for artificial feeding, and consequently the increase of infantile diarrhea and the attendant mortality. The gastro-intestinal tract of an infant is such a rudimentary canal as compared to the adult that nature is not lightly interfered with. It is obviously often impossible to entirely remove the children from the heat of the summer, yet it is often possible to have them outdoors all day and sometimes even during the night. The clothing of the child should be no more than is absolutely necessary to insure prevention of exposure of its body, and to insure cleanliness. It should be given an abundance of clear cool water at regular intervals, and it should receive daily the benefit of a bath.

If the child is artificially fed the bottles should be thoroly sterilized before each feeding. It is far better to place in the bottle the exact amount of food to be given and to refill it at a subsequent feeding. When not in use the nipples should be immersed in a mild boric acid solution. When feeding the child, its head should be raised sufficiently to facilitate deglutition, and after the feeding its mouth should be thoroly cleansed with a soft linen rag and sterile water. After each evacuation of the bowels it is not always sufficient to simply cleanse the genitalia, but they should be gently washed with a boric acid solution, thoroly dried, and then dusted with some mild antiseptic powder.

Given a case of acute dyspeptic infantile diarrhea, the very first thing that is indicated, if the child is seen at the onset of the trouble, is to clear the gastro-intestinal tract of its contents, whether the onset has manifested itself by diarrhea, vomiting or convulsions. For this purpose castor oil has stood the test of time. I am accustomed to administer from a teaspoonful to a table spoonful, according to the age of the child, and the drug should be administered boldly. Food of all description should be absolutely withheld for twenty-four hours. If vomiting is excessive, calomel one tenth grain, with sodium bicarbonate one half grain should be given every half hour until one grain has been administered. During the time that the child is without food, albumen water can be given, to which, if there is any tendency to extreme weakness, from ten to thirty drops of whiskey may be added each time. In order to be sure that the intestinal tract has been thoroly emptied of its contents, high colonic irrigations of warm normal salt solution are beneficial adjuvants. The gastro-intestinal tract having been thoroly emptied, the condition of the child may rapidly improve; but if the irritation and toxemia have been profound the treatment has only begun. The strength of the child must now

be restored, the diarrhea must be checked, all predisposing causes eliminated and individual symptoms combated as they may be present or arise.

There are three important methods at our disposal for the checking of the diarrhea: viz., by the administration of astringents, such as tannic acid, bismuth, etc; the prevention of putrefaction and fermentation, by means of drugs such as phenyl salicylate, and by means of remedies tending to arrest peristalsis, among which opium heads the list. If bismuth is administered it should be done boldly, from ten to twenty grains every two hours. Bismuth is of value only in proportion to the promptness with which it checks the diarrhea and if it does not do so within twenty-four hours, I usually discontinue it. I have seen more satisfactory results occur from the administration of the tannic acid preparation known as tannalbin, as advocated by Prof. Vierordt, (Deutsche Med. Wochenschrift, 1896, No. 25.) This drug must also be administered boldly, from ten to fifteen grains from four to five times daily, and sometimes more if necessary. As its action is chiefly intestinal we must not procrastinate in the dosage, as it is upon the intestines that it exerts its influence, and where its influence is desired. If we are dealing with a case of excessive peristalsis, opium is indicated, and while I think it ought to be a dernier resort, it is invaluable when the indications are clearly defined. I have found the camphorated tincture of opium usually all that is necessary in from five to thirty-five drop doses according to the age of the child and the exigencies of the case. Paregoric will not only do good by checking the peristalsis and the diarrhea, but it gives rest to a bowel which has been more or less damaged. In critical cases strychnine is indicated in from one four hundredth of a grain to one two hundredth of a grain according to the condition and age of the child. High fever calls for thoro hydrotherapeutic measures according to the power of reaction on the part of the patient. In cases of otherwise uncontrollable vomiting daily gastric lavage by means of a mild solution of bicarbonate of soda and water is very beneficial in the majority of cases.

The resumption of feeding and the character of food, depends upon as to whether the child has been breast fed or artificially fed. In the case of the breast fed children nursing should be carefully resumed, a little at a time. It is often of advantage before each nursing to administer from ten to twenty drops of essence of pepsin [Fairchild]. In the case of bottle fed infants the food should be well diluted and gradually and continuously increased in strength, not in proportion to the amount the child will take, but according to the amount and strength it can digest and assimilate.

The Bursting of the Standardization Bubble.

BY WILLIAM J. ROBINSON PH. G., M.D.

When manufacturers of galenical preparations began to announce that they were offering assayed or standardized fluid extracts and tinctures, they showed that they no longer could disregard the constantly growing demand on the part of the medical profession for a certain amount at least of accuracy in therapeutics. They no longer could disregard the fact which was becoming gradually more and more patent to the discriminating part of the profession, that in many cases the use of the uncertain galenicals was nothing short of criminal. Standardization was a step in the right direction. It showed a desire to give the profession preparations of more or less uniformity. But standardization is merely a step, a single step, in the evolution of an exact and definite materia medica, and to stop there would be to rest on a broken reed.

I believe the arguments I am about to present are absolutely unanswerable, and I should be pleased to hear what can be said in their refutation.

First, I shall show the absurdity of standardization. Let us take aconite, for instance. The Pharmacopœia gives an extremely troublesome method for standardizing the fluid extract of aconite so that each 100 c.c. of the fluid extract may contain 0.4 grams of aconite. Now, what is all the trouble for? Either aconitine represents the virtues of aconite, or it does not. If it represents the virtues of aconite, then why not use aconitine *per se?* . For even the most enthusiastic believer in galenicals will admit, that if we have an active principle which fully represents the parent drug, the administration of such active principle is in every way preferable. We need only mention the smallness of the dose, convenience of administration, absolute exactness of the dose administered, unchangeability, invariability thru evaporation, etc. If, on the other hand, the aconitine does not represent the full activity of aconite, if the aconite possesses something else of value besides the aconitine, something mysterious, which cannot be isolated and standardized, then to what purpose is the standardizing for aconitine?

In the case of other drugs the absurdity is still greater. Pilocarpus, for instance, contains two principal alkaloids, pilocarpine and jaborine. The action of jaborine is directly antagonistic to that of pilocarpine. Now, of what good is it to know how much pilocarpine a certain fluid extract contains if we do not know how much jaborine it contains? Suppose the fluid extract of pilocarpus does contain 0.4 per cent. of pilocarpine, as the Pharmacopœia directs. Of what good is it if we do not know whether the amount of jaborine it contains may not entirely overshadow the action of the pilocarpine? It is clearly

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evident that a fluid extract with but 0.3 or 0.2 per cent. of pilocarpine, but a very small amount of jaborine, may still prove more efficient than a fluid extract of 0.4 per cent. of pilocarpine, but a very large percentage of jaborine. Will any honest standardizer kindly answer the above arguments?

I have shown briefly but conclusively the absurdity of standardization. I shall now show what a broken reed standardization is, demonstrating its utter unreliability, and in many instances its utter worthlessness.

Let us assume for the present, for the sake of argument, that standardization really standardizes, that when a fluid extract just finished is stated to contain a certain percentage of alkaloids, it really contains that amount. What guarantee is there that the same percentage will be contained in a month or six months, or a year later? Are not the temperature, exposure to air, evaporation of menstruum very liable to cause the precipitation or decomposition of the active pricinple contents, or change their relative proportion? That this is not merely a possibility or probability, but an actual fact, will be seen from the statement made by one of America's foremost wholesale druggists.

The New York Board of Health has recently been investigating the condition of the drugs purchased directly from the wholesale trade. The investigation disclosed the shocking fact that 72 per cent. of all the drugs purchased from the wholesale trade were below standard, and but 28 per cent. came up to the Pharmacopœial requirements. Many fluid extracts were found practically or entirely devoid of alkaloidal contents. Mr. William Jay Schieffelin referring to the Board of Health findings, made the following significant statement: "Some of the extracts which the Board of Health reported below standard were found to be of proper strength when made, but the active principle had deteriorated. This led to the suggestion, which has been approved and adopted by the manufacturers, that a dated label be placed upon all such extracts, and that they be sold in small containers, so that the druggist can constantly have a fresh supply."

Here is a statement that the active principle in galenical preparations may and often does deteriorate. If this is the case, of what value is standardization? Suppose a fluid extract of colchicum did contain when made 0.5 per cent. of colchicine, what guarantee have we as to how much it contains now—when six months or a year old? It is well known that many fluid extracts and tinctures are kept on the druggist's shelves for years, and to offer such galenicals to the physician as reliable weapons in the fight against disease, because at some time in the past they were standardized, is farcical in the extreme.

But let us look a little closer into the subject of standardization. The average physician, as well as the average pharmacist, is under the impression that the processes of assay are something definite, perfect, immutable. That when a person states

that a certain galenical has been standardized to contain a certain amount of active principle, that it is always so, must be so. The well informed have always known that it is *not* always so; that standardization depended a good deal upon who the operator was and upon the method adopted. In other words, two equally competent operators using the same method of assay might obtain a different result, and the same operator using different methods of assay would obtain different figures. We also knew that several assay methods of the Pharmacopœia were either unreliable or entirely *unworkable*. But something has recently happened which will, or should open the eyes of a good many who worship at the shrine of standardization. At the last annual meeting of the American Pharmaceutical Association held at Indianapolis, Prof. H. M. Gordin of the Northwestern University School of Pharmacy, universally acknowledged as one of the foremost authorities in alkaloidal chemistry and standardization, threw a bomb into the Pharmacopœial committee on assays by declaring publicly that several of the Pharmacopœial assay processes were "completely unworkable." In his paper entitled "Some Alkaloidal Assays," he makes the following statement (*American Journal of Pharmacy*, p. 458, October): "While most of the methods adopted in the U. S. P. of 1900 for the alkaloidal assay of drugs and galenicals are very good, there are a few among them that either do not work at all or are so complicated that they will hardly ever give concordant results in the hands of different chemists. To the first class belong the assays of aconite root, its fluid extract, and the fluid extract of ipecac. In these assays we are directed to filter the first acid liquids obtained in the method, but as these liquids are very thick and slimy they soon clog up the filter and the assay cannot be finished. To the second class belong . . . the assay of extracts of physostigma and conium, and a few others."

In another paper entitled "The Alkaloidal Assays of the U. S. P. of 1900" (see same issue, page 454), Prof. Gordin makes the following statement: "Some of the assay methods of the Pharmacopœia are completely unworkable. Such, for example, are the assays of aconite root, its fluid extract, and fluid extract of ipecac root, in all of which we are directed to filter the first acid liquids obtained in these assays, but as these liquids are very thick and contain sticky resinous substances, the filters are very soon completely clogged, and the assays cannot be finished. This is in accord with my own experience and the experience of several teachers and students in our school."

Now, if our foremost authority on standardization finds many of the Pharmacopœial processes either entirely unworkable or capable of giving discordant results in the hands of different workers, what may we expect from the ordinary chemists in the galenical departments of our various wholesale drug houses?

And in parentheses I would ask this rather indelicate question: How did the various wholesale drug houses standardize, for instance, their fluid extract of aconite according to the U. S. P., as they declare on their labels they did, if, according to Prof. Gordin and other most competent chemists, the assay process was entirely unworkable and could not be finished at all?

Prof. Gordin was not alone in his strictures on the U. S. P. methods of assay. Prof. J. M. Francis, Prof. A. B. Lyons, and other speakers agreed with Prof. Gordin, and pointed out serious defects in many of the methods. The subject seemed so important that Prof. Rusby of the New York College of Pharmacy introduced a resolution demanding that the processes be revised, and that a supplement to the Pharmacopœia be issued (see Bulletin *of Pharmacy,* October). This proposition, which is an open accusation of incompetent work, was naturally opposed by the chairman, who suggested as an alternative that the criticisms be referred to the subcommittee on assay processes for such action as the latter might deem necessary. And, we might add, the assay processes of essential oils met with similar criticisms, and the chairman of the subcommittee on assays of essential oils confessed that the processes were admitted without verification as to their workability or correctness! To summarize:

STANDARDIZATION IS USELESS.

(1) When the active principle fully represents the drug it requires no argument that standardization is useless, and worse than useless, because the active principle offers indisputable advantages in (*a*) smallness of dose, (*b*) convenience of administration, (*c*) exactness of dose, (*d*) freedom from objectionable and irritating inert material, (*e*) nonchangeability (*f*) nonvariability, (*g*) and more rapid absorption. (2) When the active principle does not represent the drug in every respect, standardization of one active principle is worse than useless, because it gives no information as to the absolute and relative amount of the other active principles, and does not provide for the removal of antagonistic principles.

STANDARDIZATION IS UNRELIABLE.

For even if the galenical preparation, when made, contains the exact percentage of active principle, the latter soon begins to deteriorate; changes in temperature, exposure, evaporation, cause a change in the menstruum, which in its turn produces precipitation, etc. That such deterioration is actual, and not hypothetical, has been publicly acknowledged by one of the most prominent manufacturers of galenical preparations.

STANDARDIZATION IS UNSCIENTIFIC AND IMPERFECT.

Processes of assay as found in the Pharmacopœia, which one would expect to be reliable and to give definite results, have been declared by the highest authorities to be unpractical, utterly un-

workable—and to give discordant results in the hands of different chemists.

All this being the case—and that it is the case is publicly acknowledged by the manufacturers of galenicals and adherents of standardization themselves—is not the question legitimate? What is it all for? Why not go to the root of the matter, give up most of the galenicals, and use, *wherever feasible,* the active principles instead?

Euthanasia in Tuberculosis.

It is remarkable how much faster a lie travels than truth. And it often seems that the latter will never overtake the former. In spite of the numerous printed denials, I have met a number of people who are still under the impression that Dr. Knopf advised to kill off hopeless consumptives with large doses of morphine. The following letter should convince our readers of the absurdity and wickedness of the canard which originated in the hazy brain of a newspaper reporter:

The National Association for the Study and Prevention of Tuberculosis.

Editor CRITIC & GUIDE:

Various daily newspapers published on May 8th, what purported to be a report of the remarks of Dr. S. A. Knopf of New York, before the National Association for the Study and Prevention of Tuberculosis, in which he was made to say: "It is my practice and your sacred duty when you see a dying consumptive before you, to give the sufferer morphine in plenty, that the end may come quickly and painlessly."

No such statement was made by Dr. Knopf, but since in spite of an immediate explicit denial by the doctor a great many newspapers in this country and Europe continue to publish the false report as authentic news, Dr. Frank Billings, of Chicago, President of the National Association for the Study and Prevention of Tuberculosis authorizes the following statement:

"Quite apart from the false position in which the speaker was placed and the injury done him, the publication of such a piece of sensationalism cannot fail to have a very deleterious effect upon impressionable tuberculosis patients throughout the country, and may keep others from seeking needed medical aid."

The following statement made by Prof. George Dock of the University of Michigan, who presided at the meeting at which Dr. Knopf spoke, should preclude all further misunderstanding:

"I heard clearly what Dr. Knopf said. I am sure that I know what he meant; and am sure that everybody in the room must have understood what he said. His words could not possibly be converted into the meaning given in the public press. It was perfectly clear that he meant to relieve patients in the last stages. Everybody knows that this prolongs life, while making it very much easier for the patient." LIVINGSTON FARRAND, Exec. Sec'y.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. X NEW YORK, SEPTEMBER, 1907 No. 3

And now for another year of good hard work.-Amen.

Editorials and Editorialettes.

An Interesting Question and an Explicit Answer.

Editor CRITIC & GUIDE:

The fearlessness and remarkably porgressive character of your magazine emboldens me to put a single question to you. If the business of a physician is to prevent or cure disease, it follows that he is bound to adopt the agencies best suited to the purposes. This you recognize in the main, exposing and condemning fake preparations, but accepting products of proven efficacy, whether endorsed by the Council or not. Yet, no matter how excellent a preparation may be, if it is advertised to the laity, you discriminate against it. Can you give a sound reason for this, other than a desire to uphold mere medical monopoly, by keeping the laity as ignorant as possible? This may slightly increase the revenue of the phyiscian; but does it represent a very high degree of morality? Moreover, do you consistently carry out your own doctrines in refusing to accept subscriptions to the CRITIC & GUIDE from the laity?

A frank answer to the foregoing will clear up the one position taken by you which appears inconsistent with the high ground you occupy in other respects.

James F. Morton, Jr., A. M.,
244 West 143d Street, N. Y.

I am glad Mr. Morton asked the above question. Similar questions have been asked me from time to time by lay readers of the CRITIC & GUIDE, and I am glad of the opportunity to give a full, frank and explicit answer. Many radicals, who, like Mr. Morton, know that I am a thoro libertarian, believing that everybody has

a right to do as he pleases, provided that in doing so he infringe not upon the equal rights of others, seem to think that they discover an inconsistency in my attitude on pharmaceutical and medical subjects. They know that I am a strong believer in having pharmacy and medicine strictly regulated by law, edged about with strong restrictions, so that only those properly licensed may be permitted to practice them. And this seems to my radical friends an inconsistent attitude for a libertarian. I hope that when these radical friends of mine have read my answer, even cursorily, they will agree that there is not the slightest inconsistency on my side, and that in this, as in every other position taken by the Critic & Guide, I have been guided by one motive: the welfare of the people, the greatest good of the greatest number.

And now to Mr. Morton's letter. Mr. Morton says: "Yet no matter how excellent a preparation may be, if it is advertised to the laity, you discriminate against it." This is not quite correct. I have no objection to remedies, incapable of harm, being advertised to the laity. I have no objection against corn cures, toothache drops, cosmetic creams, cod liver oil emulsions, mild laxatives etc., being advertised to the laity. I would be willing to admit such preparations to the advertising pages of the Critic and Guide. We often have a running line at the top of the advertising pages which reads: No potent remedies advertised to the laity. You see I draw the line at potent, and by potent I don't mean simply powerful but potent for harm, for mischief. A remedy may be harmless enuf and still be extremely dangerous. Let me explain. And not by hypothetical possibilities, but by examples from real life. Many years ago I was in the drug business. Practically every druggist makes up his own cough mixture, "blood purifier," hair tonic, etc. I had a very good cough mixture, which soon got quite a reputation. Everybody in the neighborhood with a cough would dispense with a doctor's services, and would come in to get a bottle of Robinson's Cough Mixture. And in ordinary coughs caused by a little tracheitis or bronchitis, the mixture would work nicely. In a week or two the patient would usually get well. I remember once a pale young man came in for a bottle of our cough cure, which was recommended to him by a friend, The following week he got another bottle, the week following another, and so on. He said the medicine eased him very much, made him cough less, permitted him to sleep well, which he could not do without the medicine, etc. Yes, the medicine did his cough—the one symptom—good, but he was getting worse and worse. Each time he was paler and thinner. Tho not a physician at the time, I told him that he should consult a doctor, that the

medicine might not be suited to his case, etc. He delayed: the medicine did him so much good, he had so much confidence in it, he would give it a chance to work, etc. He finally went after getting a hemorrhage from the lungs. Alas, it was too late. The doctor discovered that the patient was suffering with advanced pulmonary tuberculosis and that very little could be done for him. In three months the patient was dead. Now, had the sale of cough mixtures to the laity been prohibited, the patient would have had to consult a physician at the very outset and he would have had at least a fair chance for his life. So he had none. "No matter how excellent a preparation may be." That's just it. The laity is incompetent to judge whether a preparation is excellent or not. That patient considered my cough mixture excellent for his condition; as a matter of fact it was merely a palliative, only easing his cough, and masking the symptoms.

Here is another incident, which took place but very recently. A man came into a drug store and asked for a bottle of Squibb's Diarrhea Mixture. This is a well known preparation and in ordinary diarrhea a few doses generally prove very useful. The man appeared quite sick, and the druggist being a respectable professional man, advised him to consult a physician. But the man thought it was not necessary. He had such attacks every summer and a few doses fixed him up. On the following day the man was sicker, on the following day still sicker, on the fourth he became dangerously ill. A physician was sent for, but again it was too late. He recognized that the patient had been suffering from typhoid fever, and that perforation of the bowels with severe hemorrhage had just taken place. The patient died two hours later. Typhoid fever when properly treated from the very beginning is one of the mildest diseases we have to deal with and there can hardly be any question that if the patient had consulted a physician as soon as he felt ill—who would of course have ordered him to bed at once—he would have been alive and well to-day. Yes, the patient knew that Squibb's diarrhea mixture was an "excellent preparation" for diarrhea. So it is, for simple uncomplicated diarrhea. But it is poison for typhoid fever, and of course, the patient was incompetent to recognize the etiology of his trouble. A little knowledge is a dangerous thing, and it cost this patient his life.

It is necessary to repeat: A lay patient—even if he have A. M., D. D., and even LL. D. after his name—cannot always judge of the excellence or value of any remedial preparation; for, in spite of what quacks and charlatans, drugless healers, Christian scientists et id omne genus may say, amelioration of subjective symptoms is no proof of real objective improve-

ment. The patient may feel better, may think he is getting better and be getting worse all the time. Opium and morphine will deaden pain, strychnine and alcohol will stimulate, digitalis will make the heart do better work, and the patient will naturally feel better—but unless we use all these drugs as temporary adjuvants, going at the same time to the root of the evil, the improvement will be only a temporary one, accompanied by a reaction which may hasten death. Self-medication is a dangerous business; to permit a patient to be his own diagnostician and his own prescriber is rendering him a very poor service indeed; it is like permtting a child to play with firearms or with corrosive sublimate tablets. And to advertise to the laity remedies for such serious affections as Bright's disease, diabetes, consumption, cancer, etc., is scoundrelism of the very lowest character, and I will not be a party to this nefarious business—robbing the most helpless people in the world—the sick—hastening their death in order that conscienceless scoundrels may fill their coffers and sail about in yachts. Is this consistency on my part or is it not? Is this the highest degree of morality, or is it merely a desire to uphold medical monopoly? No, friend Morton, it is not our desire to keep the laity as ignorant as possible. On the contrary, we do everything possible to teach the laity the rules of sanitary living, of prevention of disease, both individual and public; in fact, our profession is the only profession that undermines its own existence by teaching the public to prevent disease. But self-medication we fight, because we recognize that it is impossible for any layman to treat himself successfully; because we recognize that to permit indiscriminate self-medication (or medication at the hands of ignorant charlatans, which is just as bad, or even worse; but of this another time) is to spread disease and to increase the death rate enormously.

As to our refusing subscriptions from the laity, Mr. Morton must have been misinformed. We do not solicit subscriptions from the laity, but we do not refuse any orders which come from professional men and women and from intelligent, earnest people in general. In fact, we have always had on our letter-heads the legend: A free and fearless journal for physicians, pharmacists and thinking men in general. We do not care for subscriptions from the uneducated, because we do not care to cast pearls before swine; and I feel annoyed when I find the Critic and Guide in the hands of a dunce. I do not mind not being understood, but I do not like to be misunderstood, to have a man think that I said just the opposite of what I did say. But the intellectual man and woman are welcome to my teachings of the Critic and Guide, and as a

matter of fact, we do have many lawyers, dentists, clergymen, settlement workers, philanthropists, etc., on our subscription list.

I believe I have answered Mr. Morton's questions fairly, frankly and freely. And I trust that my radical friends will not in the future accuse me of inconsistency—in this respect, at least.

Whom the Gods Would Destroy They First Make Mad.

"The paper of Dr. Wiley on "The Connection of M. D. with Proprietary Remedies" had attracted a large attendance when the author being unexpectedly called away had asked for the reading of the paper by title. Such requiring unanimous consent was opposed by W. J. Robinson of New York largely in pique because of being defeated for Secretary of the Section. The Section, however, took a recess during which the paper was read and discussed. When upon reconvening as a Section the sponsors for the particular proprietary interests represented by the "Editor" of the Critic & Guide proceeded to administer a severe rebuke to the self-styled "Editor" for opposing the reading of Dr. Wiley's paper which was rather innocent in its character anyway".

The above from the unsteady and somewhat ungrammatical pen of Mr. C. S. N. Hallberg appears in the *Bulletin* of the Amer. Pharmaceutical Association for July (p. 207). Two hypotheses may be offered in explanation of the above. Either Mr. Hallberg was under the influence of booze when he wrote the passage, or that he is beginning to suffer from general paresis. A third hypothesis is possible: that Mr. Hallberg was deliberately and maliciously lying; but tho Mr. Hallberg has been known to deliberately lie and falsify the minutes of section meetings as we will *show* later on, the third hypothesis is in this case untenable. When a person lies he lies for a purpose; he lies in order to benefit himself and then he does it in such a manner that he cannot at once clearly and plainly be shown to be a deliberate liar. Here the facts, the stenographic minutes, the testimony of the section members who were present are so distinctly against Mr. Hallberg's silly assertions, that we repeat the third hypothesis is improbable and we must accept either the first or the second. Let us now proceed to analyze the passage. Hallberg says that "the author being unexpectedly called away had asked for the reading of the paper by title." This shows the haziness of Mr. Hallberg's mind. Dr. Wiley did not ask that the paper be read merely by title. As a matter of fact, it was Dr. Robinson, the self-styled "Editor" of the CRITIC & GUIDE, who made the motion which was duly seconded, that Dr. Wiley's paper be read by title. And he did it because he desired to discourage the habit of authors being absent and sending in their paper to be read. This may be quite proper in a small association, but not in a body like the A. M. A. where there are more people desiring to read papers in person than

there is room on the program. We were told that Dr. Wiley had been present but *nobody* had seen him in our Section. So, Mr. Hallberg, not Dr. Wiley, but Dr. Robinson asked that the former's paper be read by title. This is Number one. Now comes Number two, of greater importance.

"Such requiring unanimous consent was opposed by W. J. Robinson of New York, largely in pique because of being defeated for secretary of the Section!" Now, I must ask again: What is it—booze or paresis? Any reader of the above quotation would suppose that Dr. Robinson was nominated for secretary of the section and was defeated. Nothing was further from Dr. Robinson's or from anybody else's mind. His name was not mentioned or suggested in connection with the office of secretary or chairman. His enemies certainly did not think of nominating him, and his friends knew perfectly well that he would frown upon any suggestion of office. There was a movement a month or so before the meeting on the part of Dr. Robinson's friends to nominate him for the chairmanship of the section, but he put an effectual quietus on that movement in the May issue of the CRITIC & GUIDE. And nobody after suggested my name in connection with *any* office, and especially with that of Secretary. The office of secretary requires some time and labor and my friends know that I have been working to my utmost capacity. I would not take the office of secretary of our section if it were offered me on a silver platter. The Editor of the CRITIC & GUIDE does not ***need*** the office of secretary; thanks to—nobody, he is not in the position of the beggar who lives by the crumbs thrown him by wholesale manufacturing houses and he is not in need of the direct or indirect graft that may be possibly incident to the office of secretary. Not only doesn't he need the office, he does not want it: his ideals and ambitions are in an entirely different direction and thank goodness each year brings him nearer to the realization of those ideals and ambitions. (What these latter are Dr. Robinson's friends well know.)

No, Mr. Hallberg, you will have to take that back about Dr. Robinson having been defeated for secretary of the section. I do not insist that you put the blame on booze; I will permit you to plead a simple *lapsus calami*. It is true that I wanted to see somebody else in your place, because I considered you—and so did all the *real* M. D.'s—the most ignorant, the most pernicious, the most discordant element in the Section. But as to my having been defeated, or having been nominated, or having even wanted to be nominated, you will have to take it back; or I will dip my pen in aqua fortis and brand you so that you will carry the mark with you to the end of your days. The Editor of the CRITIC & GUIDE does not merely ask for a square deal; when otherwise unobtainable, he fights for it. And woe then to the evildoers. Yes, Mr.

Hallberg, the Editor of the CRITIC & GUIDE can be, and generally is, as gentle as a dove, but he can also become a roaring lion. And don't you forget it. Several others haven't—not yet.

We now come to the last paragraph. "When upon reconvening as a Section the sponsors for the particular proprietary interests represented by the 'Editor' of the CRITIC & GUIDE proceeded to administer a severe rebuke to the self-styled 'Editor' for opposing the reading of Dr. Wiley's paper which was rather innocent in its character anyway." Can you make out head or tail? *Parole d'honneur,* I can't. Who were "the sponsors of the particular proprietary interests" and who proceeded to administer a severe rebuke to the self-styled editor? Is it possible that All-booze was so boozy that afternoon that everything that was going on in the section remained with him "but a vague dream?"

Let us now go further, or rather backwards. On p. 196 the following paragraph occurs: "As anticipated, certain proprietary interests appeared on the scene and endeavored to exploit the section in their own behalf. It will be observed that in this they were eminently unsuccessful, but it is supposed that similar attempts will be made next year." Page 206 contains the following: "The second meeting was marked by a covert attack of certain proprietary interests which was, however, successfully checkmated as were similar efforts during the succeeding meetings." These statements are *lies* pure and simple, deliberate lies. We have shown definitely, once for all, that our section was a very unfruitful field for the exploitation of any proprietary product or any proprietary interests, and no attempt either covert or open was made by any body at any time during any of the meetings of the section to do any exploitation for anybody. There was not a trace, not a suspicion of any proprietary interests in the section. And whoever asserts the contrary, is a l-i-a-r. In this connection Mr. Hallberg reminds me of the spies who surround the cruel imbecile who occupies the Russian throne. Daily they bring in reports of plots discovered and frustrated; they have to show that they are needed and that they earn their pittance. Just so Mr. Hallberg tries to convince the unsophisticated that he is the Cerberus of the Section, who guards it against proprietary contamination. Fearing that he may be ousted next year, he frightens us beforehand by the specter that "it is supposed that similar attempts will be made next year." Oh, Mr. Hallberg, go and take a good big dose of Caffeinae Citras Effervescens U. S. P. You need it.

In conclusion, to avoid any possible misunderstanding, I will say that I wish to offer no apology for the terms that I have applied to Mr. Hallberg. I have not used them in the heat of debate, but deliberately, in the quiet of my summer home, with the leaves rustling and the birds chirping in front of my window. I admit

that in calling Mr. Hallberg a boozer and a prevaricator I may be guilty of unparliamentary language; but of terminologic inexactitude—never!

* * *

P. S.—Mr. Hallberg refers to Dr. Robinson as "Editor" (in quotation marks) and also as "self-styled Editor." Now, why? Dr. Robinson being *sole* Editor of three journals and doing a good deal of editorial work for several other journals, is certainly an editor without quotation marks and without "self-styled." Of course he may be a poor editor. In fact I think he *is* a poor editor. But one good thing there is about him: he never beats about the bush, and nobody can mistake his meaning. Isn't that so? Selah.

Real Tainted Money.

We are afraid of tainted meat; we would not knowingly touch tainted ice-cream, while tainted fish is shunned even by the poorest beggar. But tainted money is considered a joke and everyone says he would take his chances in handling it. Nevertheless, there is such a thing as really tainted money and a paymaster of the United States Army in the Philippines recently has had to have an arm amputated as the result of an infection said to be contracted from the money handled in paying the troops. So you will know that money may be not only morally but also physically tainted. And you may be surprised to learn that money received from certain patients goes untouched into a special drawer and is not touched by me until it has undergone a pretty thoro formaldehyde disinfection.

Beneath Our Dignity.

A dear friend from Philadelphia writes me that it is both painful and disappointing to my friends to see me engage in squabbles with men like Hallberg *et id omne genus*. My steel is worthy of better foes. It is a pity to scatter my force and energy in combats with people in whose head no noble idea has ever found a dwelling place, whose hearts were never troubled with humanitarian impulses, and to whose sordid minds the very word Ideal is incomprehensible. Well, in the words of one of the world's famous men: *So eben bin ich, und ich kann nicht anders.* I well know that it is beneath our dignity to engage in arguments with people who are unworthy to unloosen your shoes, but there is certain important, tho thankless work to be done, and as nobody *dares* to do it, the disagreeable task falls to us. A shrewd unscrupulous bureaucracy is developing in the medical profession, all *the more* dangerous because it works under the cloak of honesty

and progressiveness and also because some good it *is* doing; and this bureaucracy it is our duty to combat to the extent of our ability. As soon as my work has been accomplished I will send all the white robed hypocrites, pretentious ignoramuses, pompous mediocrities and smug nonentities to the nethermost regions of sheol, and will pursue more suitable, more pleasant tho scarcely more necessary work.

Is this plain? Not quite? Well, it is just as plain as we care to make it at present.

Who is Not With Us is Against Us.

It is about time that the statement be made loudly, strongly and unequivocally. There may be, there should be, there probably always will be, differences of opinion. But differences of opinion may only be as to ways and means, as to minor points, as to unprovable beliefs; such, for instance, as immortality of the soul. Such differences of opinion are permissible and should be respected. There can, however, be no two opinions as to the essential difference between Truth and Falsehood, Honesty and Dishonesty, Kindness and Cruelty. Even the most depraved feel that there is a difference. And it is time that I state loudly, strongly and unequivocally that the enemies of the CRITIC and GUIDE do not deserve the courtesy which is due an honest opponent. It is time that it be stated unequivocally that the enemies of the CRITIC and GUIDE are either misinformed fools, dishonest knaves or double faced hypocrites. The CRITIC and GUIDE stands for everything that is progressive, honest, frank and above board. It fights adulteration in every shape and form, it fights secret medicines, the administration of which it considers both stupid and criminal; it fights the patent-medicine-alcohol and morphine poisoners; it fights bigotry, narrow-mindedness, prejudice and superstition wherever found; it fights corrupt, purchasable, as well as narrow minded journalism; in short it fights everything mean, everything tending to degrade the professions of medicine and pharmacy. And while relentlessly fighting all shams and humbugs, it is permeated with an inexhaustible well of optimism, with a belief that the world is all right—not quite, but nearly so—and that we are improving from day to day, and that it is our duty to do everything in our power to make this world a better place to live in.

Now, is there anything in this program to excite the animosity of honest and liberal-minded men? No, a thousand times, no, There isn't! And the enemies of the CRITIC and GUIDE are only (1) the frauds and fakirs whom it has exposed and whom it has actually hurt; (2) the frauds and fakirs who are afraid of being

exposed in the future, (3) the pitiable fools who, not having read the Critic and Guide, believe the lies which the conscienceless frauds are, in their attempt at self-defence, spreading about it and (4) the sanctimonious hypocrites who fear the editor will tear the mask from their faces and will expose them to the public gaze just as they are, and not as they would like to appear.

Those are the enemies of the Critic and Guide. No honest man can be an enemy of the most honest and most broad-minded of journals.

Editorless Journals.

There are a large number of so-called medical and drug periodicals which were started for and exist solely for what they can get out of the advertising columns. They have no editorial staff worthy of the name. They have no field of usefulness. They serve no good purpose. They exist solely for what can be squeezed out of credulous but unwise advertisers. In fact, some of these journals have policies which are not far removed from blackmail. Advertisers doubtless take space in many of these publications, not for the worth of the advertising medium, but to obtain a certain kind of protection, which in some quarters nowadays is looked upon as a necessity.—Pacific Pharmacist.

All of which is perfectly true, all of which we have said many times before, and almost in the identical language. And we agree with the editor that some definite policy should be adopted against the parasitic publications.

It would be a good thing if every journal were obliged to state in each issue the *reason* for its existence.

The Disgraceful Persecution of Druggists.

Our readers know how unalterably opposed we are to the sale of cocaine and other habit-forming drugs without a physician's prescription. The druggist who makes it a practice to sell cocaine, morphine, etc., indiscriminately should be dealt with unceremoniously. We go even farther and claim that the counter sale of all potent remedies should be prohibited. But to pounce upon druggists immediately upon the passing of an ordinance and arrest them for selling throat lozenges containing an insignificant and utterly negligible amount of cocaine (1-280 grain) does not show an ardent desire to save the people and to serve humanity. It shows narrow-mindedness, stupidity, officious over-zealousness. It shows a desire on the part of picayune politicians to give something to do to idle grafters.

Let us have no more of such stupid, disgraceful persecu*tion of honor*able pharmacists.

How Some Medical Journals are Manufactured.

If the medical profession knew how some of the journals which solicit its patronage are manufactured, it would certainly be astonished—astounded is perhaps the better word. We have in mind two journals. The publishers are not, and never were medical men. There is not a physician connected with the journals in any capacity whatsoever; not even an ex-physician or a man with a fake M. D., attachment. An original article comes in occasionally and it is printed. The rest of the pages are scissored out from 15 or 20 journals which are received as exchanges. The managing "editor" reads proofs with the aid of a medical dictionary, so as to be sure that crude errors do not creep in. The contents of the pages are of little importance—for the "reading" pages are merely a necessary evil—to serve as a partition between the front and back advertising forms. The Alpha and Omega of the journals, their beginning and end, their sole aim and purpose are the advertising pages. And those are attended to pretty well. That the paid subscription list of the publication is represented practically by a zero bothers the publishers very little. The advertising is the only thing. Yes, it is a curious phenomenon: ignorant laymen "editing" journals for medical men.

Important Therapeutic Information

Believing that the treatment of disease is the most important part of a physician's profession, we are always on the lookout for therapeutic ideas, for new therapeutic facts. From several of our esteemed contemporaries we have gleaned the following information which we, in a true altrurian spirit, will share with our readers.

"Sodium salicylate is very good in acute articular rheumatism." "Potassium chlorate ½ ounce, Glycerin 1 ounce, tr. of iron 2 drams, and water ad 4 ounces makes a fine mixture for sore throat." "Collodion applied to corns every night will eventually remove them." "Iodide of potash dissolved in water is very beneficial in the third stage of syphilis." "Carron oil, which for the benefit of our readers we will state is made of equal parts of lime water and linseed oil, makes a fine application in burns." "In acute catarrh spray the nose with glycerin from an atomizer." (You cannot spray glycerin from an atomizer, and if you did apply glycerin to the nasal mucosa it would irritate it and make matters worse.) "Zinc sulphate 4 grs. to water 2 ounces makes a fine injection for gonorrhea. Try it in your next case."

When reading the above information, which I transcribed faithfully, I could not help thinking of the self-sacrificing spirit

of the editors, who for a dollar a year were willing to share with their readers such precious secrets, such rare, valuable, elsewhere unfindable information. Yes, the Altruistic spirit is progressing.

But jokes aside. What shall we think of editors who, in Therapeutic Hints, Tips or Gleanings, give to their medical readers information which is known to every bright boy who has worked for three months in a drug store? And what shall we think of physicians who swallow such stuff and consider it valuable?

Beer Drinking and Snoring.

I have been asked the question: Why is it that heavy beer drinkers, as a rule, snore so outrageously? I don't know. Ask Mr. Hallberg. Perhaps it is due to the chronic pharyngitis which the excessive use of alcohol in any form generally causes. At any rate, heavy beer drinkers who are given to the nasty habit of snoring should inform their prospective roommates of the fact. Prof. Zeisler, of Chicago, certainly thinks so.

Words of Wisdom.

The best work that most of us do, is not begun in our offices or at our desks, but when we are wandering in the woods or sitting quietly with undirected thoughts. From somewhere at such times there flash into our minds those ideas that direct and control our lives, visions of how to do that which previously had seemed impossible, new aspirations, hopes and desires. Work is the process of realization. The careful balance and the great ideas come largely during quiet, and without being sought. The man who never takes time to do nothing will hardly do great things. He will hardly have epoch-making ideas or stimulating ideals. Rest is thus not merely in order to recuperate for work. If so, we should rest only when fatigued. We need to do nothing at times when we are as well as possible, when our whole natures are ready for their finest product. We need occasionally to leave them undirected, in order that we may receive these messages by wireless from the unknown. We need, to have the instrument working at its greatest perfection, be undirected and receptive. Luther H. Gulick.

Splendid words, words that each of us should engrave deeply on his cerebral cortex.

Original Articles

FOR THE CRITIC AND GUIDE.

Prevention of Conception a Social Necessity and Duty.

By William L. Holt, M. D.

In a recent article in the Critic and Guide, Dr. A. L. Benedict of Buffalo, makes the following surprising statement: "Indeed one may say that prevention of conception is abortion in the third degree." As he has already condemned abortion as criminal except when done to save life of the mother, the logical conclusion is that he regards prevention of conception as also criminal in a third or less degree. To be sure, he says, further on that he does not express an opinion on the ethics of the question; but there is clearly no need of his repeating his condemnation above given. Again Dr. Benedict says: "Right or wrong, the average man or woman will not submit themselves to the standard of living which the average income permits with a non-restricted fecundity." This manner of statement would seem to indicate either that the author is himself in doubt whether the action is right or wrong, or that from fear or prudence he refrains from giving his own opinion. But of what possible use can it be, pray, to attempt to discuss the question of prevention of conception and avoid the moral aspect of the question? Is this not the very aspect that is most warmly discussed?

I believe that a frank, candid and fearless statement of feeling and personal conviction on this vital question is the only statement of any value. I write the following as the result of several years of experience of happy married life and of some special study of the best authorities on this subject.

First, prevention of conception differs from abortion absolutely in kind. The only quality common to both is the object of preventing childbirth. But an innocent man is not a murderer in the third degree because he has the common object of avoiding death! The prevention of procreation may be likened properly to the prevention of any other creation of the human will: the prevention of a picture, a statue, an opera, or a poem; while abortion must be likened to the destruction of that creation when partly completed. When an artist postpones, that is prevents the painting of a picture—let us say because he cannot then afford a good model—he surely does no wrong; but if he or anyone else destroys the picture after it is partly completed, it is wrong, being a loss to the world in many cases. In brief, prevention of conception is simply postponement; abortion is destruction of human life.

I believe a married couple have as good a moral right to decide when they will create a child, or not to create any at all, as they have to marry. If one qualifies this by presuming that the parents are not criminals, idiots, or syphilitics, I believe very few of my readers will question my statement. It is not worth while here to set up and knock down that old rejected idea of the Church that children are created and sent by God without any will or responsibility on man's part, and hence it is impious interference with the divine will for a woman to refuse to be an involuntary, unconscious breeding animal.

Secondly, prevention of conception in some manner is necessary in almost every family sooner or later. Since Malthus' great Essay on Population there is happily on this point practically universal agreement. Even Dr. Benedict agrees as to this necessity. But how can a wholly necessary action be wrong?

Third, I believe that in the great majority of cases continence is a wholly impracticable and undesirable method of prevention of conception. I believe that its only advantage worth considering is greater safety, and that this is merely theoretical. For a safe measure that cannot be followed gives no safety at all! As Dr. P. Fürbringer says in his excellent article in "Health and Disease in Relation to Marriage and the Married State" (a work in two volumes by several German authors): "That the safest remedy, namely absolute sexual continence during the whole of married life, is out of the question and I need not dwell upon it." That would evidently be no marriage at all, at least in the physical sense! Sexual intercourse for only a few weeks at two or three year intervals of continence is equally out of the question except for a few who from age, illness or estrangement have no strong desire for conjugal relations. Here he wisely adds: "Besides refusal on the part of the husband and such untoward results as onanism and adultery, the unsatisfied longing of the wife for normal intercourse deserves mention in this connection." I should say it deserves much more than mention, that it deserves the most careful consideration, at least as much as the desires of the husband. Inasmuch as a very large number of wives receive no demonstrations of love or affection from their husbands except when they have sex-intercourse with them, long periods of continence would mean for these women a complete deprivation of their husbands' love, which would inevitably cause great unhappiness and estrangement and not rarely permanent misunderstanding and separation. The personal equation is here paramount. It is useless for the old, in whom the flame of passion has died out, to prescribe continence for the young in whom the flame is still richly fed by overflowing vitality and animal spirits; the passionate cannot prescribe for the cold, nor the cold for the passionate. This more than anything else in life must be left to individual

temperament, constitution, and experience. Hence it is wholly futile to discuss as a general question: Is continued continence in married life physically injurious, beneficial, or indifferent? It would be quite as fruitful to discuss whether it is wiser to make the first child a boy or a girl.

The physical aspect of the question is wholly secondary to the spiritual, economic, and social or moral aspects. The spiritual significance of sexual relations I am convinced is generally unappreciated; sexual union is the spiritual life of marriage; the interdiction of it makes the relation fall at once to that of companionship. At the best the couple will be in that trying state of unsatisfied longing which they have already experienced, perhaps for years, in their engagement.

What of the economic aspect of the problem? It is an indisputable fact that it requires a considerable sum of money to properly bring up a child nowadays, at least in a city, if it is to be given all the advantages of good food, clothing, education, amusement, etc., which educated parents feel are owing to their children. Hence every family of moderate means and not absolutely devoid of foresight will see that they cannot properly bring up more than a limited number of children, perhaps two, three, or four, according to their income, their standard of living, and the current living expenses. If they have any appreciation of the rights of children and are free of religious superstitution, they will recognize it as a sacred duty, to themselves, their future children, and to society, to be conscious, careful, and deliberate in their procreation: that is to prevent conception except at the particular time when after careful consideration they have decided upon procreation. But, alas! such intelligence, foresight, and true love for children are comparatively rare. Thanks to centuries of the degrading teaching of the Church, the majority of married couples feel little or no responsibility for their creation of human beings. They are more interested in producing fine cattle or pigs or puppies than fine children. Accepting the easy doctrine that "children come from God," they let him send as many as he will, good or bad, and also let him take care of them! The result is that the mother is soon worn out by too frequent childbirth and too many children; the husband must continually overwork to feed so many mouths and is yet often blamed for not providing his children with even the necessities of life: and the children suffer the most of all. Neglected and poorly fed in infancy, they are allowed to grow up on the streets, are insufficiently clothed, fed, and trained, and worst of all must be taken out of school at an early age, often at eight or ten, and sacrificed in a factory or mine to rescue the family from starvation.

Conscious, limited procreation is dictated by love and intelligence and produces domestic happiness and healthy, happy chil-

dren; it improves the race. Unconscious, irresponsible procreation, as dictated by the ignorant priesthood, produces domestic misery and half-starved children, who fall easy victims to the Moloch of Capitalism. Conscious creation of human life elevates man to the gods; unconscious procreation degrades him to the level of the brutes.

Heidelberg, Germany.

FOR THE CRITIC AND GUIDE.

Notes on the Glands of Bartholin.

BY R. W. SHUFELDT, M. D., NEW YORK CITY.

Major, Medical Dept. U. S. Army (ret.)

Whether it was the Danish anatomist, Kaspar Bartholin who first described the glands that now bear his name, or whether it was his son, Thomas Bartholin, who was likewise a noted anthropotomist, the writer is not prepared to say, nor does it make much difference. In all probability, it was the father, however, as the chief work of the son in anatomy was to revise his father's celebrated treatise, the "Institutiones Anatomicae."

Modern physiologists usually refer to these structures as the glands of Bartholin, and as a rule limit their description to a few words or lines. For example, Flint describing the action of the female in coitus, remarks "There is also an increase in the secretions about these parts, (external genital organs) and there may be an ejaculation from two glands opening near the labia minora, called the glands of Bartholin, which correspond to the glands of Cowper in the male." Other physiologies give about as much, and it is very rare for a work of the kind, to touch in any way upon the comparative anatomy of these interesting glands, and to state that they occur in many vertebrate animals other than man. In the human female the action of these glands differs widely in different individuals, and within recent years an added flood of light has been shed on the subject of the psychophysiology of these glands by the investigators of the psychology of sex. This has come about chiefly thru an investigation of the phenomenon of tumescence and detumescence. Instead of their secretion taking place only in the act of coitus, as many of the older physiologists believed, it may be excited thru various stimuli. There are certain odors that some women cannot inhale without exciting these glands to action, while in others a mere hand-shake of a man that is attractive to them is similarly sufficient. In many other women these glands are either entirely absent, or else never ejaculate any secretion whatsoever, no matter how great the excitement during the tumescence. This is frequently the case with

veteran prostitutes, and some who have been long given over to certain autoerotic practices. In a case that came under my observation several years ago, the woman possessed these glands of unusually large proportions and remarkable functional activity. During a uterine examination at the office, their secretion suddenly became so abundant that several towels were required to stay and absorb it. This patient furtner stated that she considered her condition a real disability, for being of a very erotic nature she was obliged to continually make provision for this unusual overflow in the same manner that she did for her menses. In her case, when the labia were held in the proper position, the secretion under certain excitation was ejaculated in tiny jets, very much in the same manner as it is from Steno's duct in the buccal cavity during gustation excitement, or during a dental operation.

Thru inflammation, the orifices of the ducts to these glands will occasionally close up. The glands then slowly enlarge thru the inability of the secretion to escape, and each may become the size of a hen's egg. There is but one operation that will afford permanent relief for this, by no means common, condition. It consists of passing a silk seton of the proper size at a well-chosen point thru the gland, the punctures being quite close together, then tying the extremities after slipping off the small curved needle used for the purpose. The seton should not be withdrawn until at least a week after complete healing of the artificial orifices has taken place. Two such operations have been performed by me in my practice, and both were followed by restoration of the function of the glands. In the first instance the patient was a primipara with the gland of the right side at fault; while in the second case both glands were involved in a multipara.

FOR THE CRITIC AND GUIDE.

A Sign to be Read Aright.

By WILLIAM FRANCIS WAUGH, A. M., M. D.
Chicago, Illinois.

The greatest event in medicinal therapeutics during the past year is the success of the hypodermic anesthetic mixture of morphine, hyoscine and cactin. The writer has perused several hundred reports from physicians, men who have no interest for or against the remedy and no reason to speak anything but their honest belief concerning it. These reports vary along the line from favorable to enthusiastic. There seems to be no question that the remedy has proved its superiority as a surgical anesthetic, as a means of relieving women from much of the pain and the danger of childbirth, and as an analgesic for the most

atrocious forms of pain occurring in general medical practice, such as that met in renal and hepatic calculous paroxysms.

It is not my purpose here, however, to detail the lengthy list of clinical triumphs, but to point to some considerations deducible from this clinical achievement.

Just fancy anybody claiming that similar results could have been won by the use of hyoscyamus. Perfectly ridiculous! Sometimes there is enough hyoscine in henbane to overcome the accompanying atropine and give the combination a sedative effect, but then again we may have precisely the contrary. The effects of hyoscine could only be secured, and studied scientifically, and the remedy applied intelligently, when the principle had been isolated and presented in an absolutely pure state, where its peculiar effects could be obtained free from those of the powerful agent that always accompanies it in nature, but this having been done we are enabled to exactly ascertain its properties, and from these to deduce its clinical applications, with the precision almost of the multiplication table. Our only limitations lie in those of our knowledge of the physiologic and pathologic processes, and imperfect as these may be, they are sufficient for our purposes in the vast majority of cases that present themselves to us for treatment.

Being thus enabled to study and properly apply these definite active principles, the next step is the ability to scientifically unite several of them in a prescription, so as to enhance the desirable action and check the undesirable properties they possess. Hence we take that sovereign anodyne or analgesic morphine, itself but one of a complex of antagonistic principles out of that wonderful storehouse opium, and unite it to our analgesic hypnotic hyoscine. Both are antispasmodic; hyoscine antagonizes the vascular relaxant properties of morphine; both combat shock; both slow respiration; neither sedates the heart more than they ease it by relaxing the tension of the arterioles and capillaries. Whatever sedation of heart and lungs is caused by the two, is met and obviated by the addition of a stimulant that does not interfere with the analgesic, hypnotic or anesthetic action of the two other ingredients—and this was found in cactin. The result is a scientific, well-balanced prescription, whose clinical applications have amply demonstrated its correctness.

This leads to our main point—that after all this is only a sample of what may be expected of the active principles. There are many possibilities in these agencies awaiting the enterprise of the clinician and student. Our knowledge of them is but fragmentary and imperfect. In our prescription-building we have been contented to put together a group of remedies, and recommend them as 'good for typhoid fever,' without any really

scientific study of the possibilities of each, because such scientific study was impossible with uncertain and varying agencies. When we have learned to use and then to combine cicutine, gelseminine, solanine, colchicine, and a dozen other less known alkaloids, we may begin to see some little glimpse of the brilliant possibilities underlying active principle therapeutics.

Hyoscine-morphine-cactin is only a beginning—a sample.

FOR THE CRITIC AND GUIDE.

Homeopathy and "Regular" Medicine.

By WILHELMUS B. ROBINSON, M. D.

Will you permit a reader of, and subscriber to, The Critic and Guide from the very first issue, space to reply to "Remarks on Homeopathy" by Joseph H. Lopez, M. D., published in the July issue of 1907.

I had previously read Dr. Cabot's article and failed to find a single "Homeopathic Profession of Faith" but like him I deny the right of Dr. Lopez, or his school, to the exclusive use of the term "Regular." There are about twenty-five-thousand Homeopathic physicians in the U. S., all graduates of legally incorporated medical colleges, all have studied medicine and the allied sciences the legal number of years, all duly licensed or registered, all legally entitled to add M. D., to their names and sign death certificates. If this does not make them "Regular" physicians, what does? Where does their irregularity come in? That Homeopathy is not the dominant sect in medicine I am well aware, but that it is irregular I deny. Dr. Lopez is an Allopath, whether he likes the term or not; I am a Homeopath; we are both "Regular practitioners of medicine." Was there ever such an idiotic term invented as "Regular medicine"?

Dr. Lopez states "Homeopathy is founded on the ipse dixit of one man, whose dogmas were confined to similia similibus curanda." The statement is erroneous and the Latin is incorrect. Homeopathy is founded on the clinical experience of over one hundred thousand educated physicians, who have prescribed for millions of sick persons on the therapeutic principle that like cures like, expressed in Latin, similia similibus curantur. We even deny that Hahnemann was the discoverer of this therapeutic principle, for from 460 to 357 B. C., lived Hippocrates. Among the things he wrote was something to the following effect: Medicines seem to cure in two ways, some by producing the contrary effects to the disease, and some by producing similar effects to the disease. I regret exceedingly that my library is more conspicuous for the books that it does not contain than for those it does, and that I am so ignorant that

I do not understand Greek, consequently I am unable to quote exactly but give the statement on the authority of those who have told me, who can read Greek, and have seen it. Of its truth there can be little doubt. Instance Cantharis, which when applied to the skin and absorbed, or when taken internally, frequently produces strangury and symptoms of inflammation of the bladder and kidneys. That it is used by the Allopaths for these very conditions I give on the authority of Squibb's materia medica, and the Reference Handbook of the Medical Sciences, (Wm. Wood & Co., publishers,) 1885, Vol. 1 page 515. When so prescribed it is a Homeopathic prescription, I don't care what Allopath makes it or what the dose. Many similar instances can be used, but would be a waste of space.

That infinitesimal doses are an essential part of Homeopathy I deny. A prescription is Homeopathic when made on the principle of similars and the totality of the symptoms, I care not if a ton of the remedies be jammed down into the stomach, or the smallest conceivable dose given. The extreme high potency wing of the Homeopathic School are as insignificant in number, compared with the whole, as the bigoted Allopath, who refuses to consult with an educated gentleman because he does not look at things medical from the same point of view, altho quite as noisy. For my part I can get along very well without them. They are the losers, financially, not I, as I can get as good advice in my own school as I can get out of it. Nevertheless,I am willing to meet any educated physician of any school in consultation, provided he is actuated by the same motives as myself, i. e., to get at the simple truth of the case. Dr. Lopez asks, "What has Homeopathy accomplished after masquerading as a science for more than a century? What valuable remedies has she discovered, what great men has she produced? Has time verified or confirmed her claims? What proofs has she to offer, outside of her porous statistics?" Go back to the woods, old man, with your conundrums. I call you back to the woods, old man, with your conundrums.

As there is no dispute between the schools in anything except drug therapeutics, I answer one of these questions from the pages of the Critic and Guide, that an almost universal skepticism prevails in your own school in reference to the curative action of drugs in disease, altho the Editor thinks he sees signs of a reaction. Almost the only belief in drug therapeutics now found is among the Homeopaths. Nitroglycerin, introduced into the materia medica by the Homeopaths, answers another question. The Medical Record stated once that William Tod Helmuth, Dean of the New York Homeopathic Medical College, has done as much as any other one man in the U. S. to advance modern surgery. Some years ago Dr. George Norton,

of N. Y., was elected to preside in the section on opthalmology at the meeting held in Washington of the American Medical Association. Why a Homeopath should have been chosen by a lot of Allopaths when Dr. Lopez would probably have taken the job I don't know. As far as porous statistics are concerned can the Doctor give me some warranted to hold water, or not watered? Our Health Department is howling over the New York Hospitals dumping their dying patients into Bellevue to keep down their statistics. Are the statistics of even the Health Department perfect? Well hardly.

Homeopathy is not a perfect science or system, nor do any of its followers so believe. We are groping around in the dark searching for the truth. Hahnemann taught with the knowledge of a century ago. None of us believe him infallible, nor any other human being for that matter. Would Dr. Lopez accept the teachings of any old school physician of Hahnemann's time? No, not one. Why should he insist on our swallowing everything Hahnemann wrote as truth, when time has proved many errors?

The first sentence in Hahnemann's Organon is: "The physician's highest and only calling is to restore health to the sick, which is called Healing." Strike out the "only" from this and I believe it is true. The second sentence is: "The highest aim of healing is the speedy, gentle and permanent restitution of health," and this I believe also. Virchow says: "The tendency of the cell, after injury, is to recover," and this I believe also. In other words, nature is the great physician that heals the sick and restores the healthy action of a diseased part. The duty of the physician is to see that the restorative powers of nature are not interfered with by the ignorance of the patient, and where possible stimulate the failing powers of nature. This, I believe, from personal experience, is sometimes, not always, accomplished by the remedy homeopathically indicated; and, when it can be done, is the safest, pleasantest, and most speedy method of cure. The last is simply a belief, and may be wrong, but I want proof to the contrary, not perhaps witty satire and misstatements. If Dr. Lopez would only consult the living representatives of our school he might find there is some positive knowledge on which our belief is founded.

The two paragraphs so learnedly discussing antitoxin and vaccination may be dismissed with a single sentence. There is absolutely no Homeopathy in either of them.

One would think by the list of "remedies exclusively Homeopathic", which this learned physician has taken the trouble to collect and tabulate so minutely that the Homeopathic Materia Medica was collected from the sewer. The American Homeopathic Pharmacopeia was compiled and published by

Boericke and Tafel and is a list of the so-called drugs that that firm have for sale. It is of no more authority in our school than Squibb's Materia Medica is in the Old School, the last being a list of remedies that Squibb manufactures and keeps for sale, their prices and uses. Boericke and Tafel's book contains a list of 781 so-called drugs, 461 of which are plant tinctures, 255 are mineral or chemical, and but 65 are of animal origin. In this list of "remedies exclusively Homeopathic," all but two are animal, anthracite coal and rotten potatoes. It may perhaps cause sadness to Dr. Lopez to know that neither are now used, as they have been proved to be useless. We use our carbon in the form of charcoal and graphites, which have been thoroly proved. Why this howl over rotten potatoes? the potato disease is due to a minute fungus, Botrytis Infestans. very similar to rotten rye, Claviceps Purpurea, Ergot of the Old School, or rotten corn, Ustilago Maidis, the smut of corn. Rotten potatoes are a "disgusting substance" because like the bed-bug, it has crawled into an unauthorized pharmacopeia "exclusively Homeopathic", while rotten rye, being "Regular", kindly contracts the uterus and is a marvel of purity. While on the subject of drugs produced by plant disease, it may not be out of place to mention the fact that the reeds in many parts of England are often affected by a smut, Ustilago Typhoides, which greatly impairs their qualities for all purposes, and has the more remarkable property of greatly affecting the health of the laborers employed in cutting and sorting them, producing not only a sense of oppression, but swelling of the head, the formation of vesicles, inflammation of the bowels, besides other symptoms such as are often produced by cantharides. This fact has led Mr. Berkeley, a so-called "Regular," to say: "The subject is worth attention, not only as curious in itself, but because it is very possible that, like the ergot of rye, this fungus may afford a valuable addition to the pharmacopeia." What! add rotten reeds to rotten rye? May he be anathema for such a rotten suggestion.

The source of a remedy has nothing to do with its use; the only question is, is it useful? Of the 65 "disgusting substances" of animal origin, named in Boericke and Tafel's Pharmacopeia, but 30 are now used, the remainder having been long since relegated to the junk heap, to join many similar remedies of the old school in a well merited oblivion. Of these 30 animal remedies, but five are in frequent use, these are Apis, the poison of the honey bee; Calcarea Carbonica, the middle layer of the oyster shell, impure carbonate of lime; Cantharis, the spanish fly; Sepia, the inky juice of the cuttle fish; and Spongia, the roasted salt water sponge of the Mediterranean. The remaining 25 remedies are rarely used because the conditions in which they are in-

dicated are seldom met. They include the snake poisons, Crotalus, Elaps, Lachesis, Naja and Vipera. Why not use them as well as Curare, which has a similar action? The spider poisons Aranea, the two Tarantulae, and Theridion. Animal charcoal Carbo Animalis. The red acarus of the house fly, Trombidium, a similar animal being considered a delicacy when found in good old Stilton cheese. Ambergris of whales, Ambra. The red star fish, Asterias. Red coral, Corrallium. The Mediterranean sea snail, Murex. The lady-bug, Coccinella. The cochineal bug, Coccus Cacti. The red ant, Formica. The digestive fluid of the lobster, Homarus (I presume Dr. Lopez likes to keep his pepsin from hogs). The secretion from the anal glands of the skunk, Mephitis. A similar secretion from the preputial glands of the deer, musk, Moschus; how lucky for the "Regulars" that circumcision is not practiced among the Cervidae. A similar secretion from the glands on the back of the toad, Bufo. And finally pus from the hands and arms of a healthy negro, caused by the "itch" insect, an acarus, Psorinum. This is not from the toes as Dr. Lopez stated, but from the hands and arms. We do not use nigger "punk;" but Dr. Lopez does use deer smegma, which is ethical, because official in the U. S. Pharmacopeia.

The use of these 25 remedies I shall not attempt to defend, as in almost 20 years of practice I have used but seven of them, and in every case but one with most unsatisfactory results. The one case that gave me good results was a headache in a young man of twenty-seven which had lasted for six years, afflicting him daily. The symptoms in his case were covered by the symptoms of the despised pole-cat, Mephitis. The remedy was given him in the third Centesimal and three days later he was better, in a week his headache was gone. He was kept on the remedy for one month and then returned to his work, which he had been unable to do in over three years. In the nine years that followed, his headaches never returned. It is possible that the pounds of headache powders prescribed for him by the "Regulars" had just commenced to work at the time he came to me, but I believe Mephitis did the trick.

I shall close by giving a case from my practice. In January 1904, I was called to attend a young man of nineteen, here in Brooklyn, whom I had never seen before. I diagnosed the case as appendicitis and treated it accordingly, without operation. In ten days he was out again. One month later he called me in again. I found him suffering from a very painful diarrhea, with violent tenesmus, and a tumor the size of an orange presenting in the left Inguinal region. I told the father I thought he had a sarcoma and advised an operation. The father insisted on a consultation and I called in Dr. Wm. C. Latimer, of Brooklyn.

Dr. Latimer thought it was probably a case of tuberculosis of the mesentery and advised an operation for purposes of diagnosis. Dr. E. G. Tuttle, of 61 West 51st Street, Manhattan, was then called into the case. His diagnosis was a probable abscess, which had followed the appendicitis, had burrowed back of the rectum and was presenting in the left inguinal region. Operation imperative in his opinion. My patient was accordingly removed to the Flower Hospital in N. Y., where he was operated upon by Dr. Tuttle, I being present. On opening the abdomen a large tumor was found growing from the mesentery, extending deep into the pelvis, with numerous adhesions between it and the bowels, and the parietal part of the peritoneum. He had never had any appendicitis, but the attack which I had so diagnosed was a peritonitis during which the adhesions had formed. The adhesions were all broken up and as much of the tumor as could be removed with safety to the patient, about two-thirds of the mass, was cut out, the wound closed and the patient put to bed. Diagnosis, sarcoma of the mesentery; prognosis as only part could be removed, fatal. The tumor was sent to the pathologist for certainty of diagnosis and put under the microscope, result of examination, lympho-sarcoma. At the end of a month my patient was sent home to me to take care of until death mercifully relieved his sufferings. Certain constitutional symptoms led me to place him on the despised middle layer of the oyster shell, Calcarea Carb, which I gave him in the sixth Centesimal Trituration, one grain every hour or one-hundred billionth of a grain at a dose. For the next two months my patient progressed rapidly according to prognosis in the direction of the grave. The tumor enlarged rapidly, and his general health went from bad to worse. Then came a change for the better. The tumor stopped growing. His health improved. Then the tumor began to disappear and at the end of six months there was no physical sign of its existence. His health appeared perfect, and one year from the date of the operation he went to work as a trolley conductor on the Smith Street line, normal in every particular. The only medicine he received was Calcarea Carb, sixth Cent. Trit from the day he left the hospital for one year. Since then he has taken none. He is still in perfect health, working every day.

I have looked all over the records of the Old School for recoveries from sarcoma where enucleation was not perfect. I have done the same for my own school, and in every case I have found but one result, death in about six months. Did this partial operation give nature such a shaking up as to restore her perverted processes, or did the Calcarea Carb give the necessary nerve stimulus to do the same thing? I do not know, but believe the latter, (and with the Doctor's permission, we will say

that we believe the former.—Editor). Verily Dr. Lopez, your last sentence, "Homeopathy requires to be known to be appreciated," is the only thing in your article strictly true and worth reading.

Has your own school escaped the jibes and sneers of the would be funny? The first joke in literature, tho not intended as a joke, is found in the Bible at the expense of physicians. II Chronicles, 16:12, says: "And Asa in the thirty and ninth year of his reign was diseased in his feet until his disease was exceeding great; yet in his disease he sought not the Lord, but to the physicians. And Asa slept with his fathers." Or Mark 5:25 "And a certain woman which had an issue of blood twelve years, and had suffered many things of many physicians." Do these slurs at your profession make you ashamed of your noble calling, to cure or relieve the distress of suffering humanity, where possible? Is your own pharmacopeia free from "disgusting substances?" Squibb's Materia Medica, page 260, recommends Urea as a diuretic and Antitubercular, perhaps made from your urine. Ox-gall and other subsatnces are none too nice. People who live in glass houses should not throw stones. The only question is: are any of them any good? There is always some good and some truth in everything. Look for that truth. Does Dr. Lopez think our thousands of students are spending four years painfully accumulating a lot of useless rubbish, or worse, something positively harmful? They are men and women universally acknowledged well qualified to judge in other cases, and why not in medicine? There are "books in the running brooks, sermons in stones, and good in everything," and consequently good in Homeopathy. If we have brought 'sunshine to some heart in gloom,' we have not lived in vain."

261 Crescent St., Brooklyn, N. Y.

Eartire as a Factor in Disease.

By E. H. MUSSON. M. D., NORBORNE, MO

As physicians, we are agreed that the great host of trying nervous cases is ever increasing. Its members haunt our offices, yea, even our footsteps, and many go to swell the ranks of the victims of the fakir and the quack. Their symptoms are legion and the names we give them are often convenient "somethings" by which to eliminate one unknown with another—neurasthenia, nervous irritability and reflex ailments whose scope is coincident with the range of the nervous system itself. Lacking a tangible pathology, their study is often abandoned for that with the miscroscope and scalpel. Nevertheless, they are always

with us and the general practitioner is the one who must heed their clamor for relief.

Anything which might help to resolve these complex ills into their elements and further clarify our knowledge, would seem to be worth our while. The relation of sound, more especially noise, to functional nervous disease, is a field of study which has scarcely received its share of attention.

Of all the organs of special sense, the auditory apparatus is second in point of importance in development, structure and function. The terminations of the auditory nerve serve a purpose similar to that of the retina. The two muscles of the middle ear, the tensor tympani and stapedius, perform a sort of accommodative act. The primary and secondary centres in the brain involve a considerable of cerebral structure.

There is now no doubt of the important causal relation between unrelieved eyestrain and many cases of headache, nerve-exhaustion, "brain-fag," so-called "nervous dyspepsia," and even spinal curvature. The revelations which have come thru the thought-provoking work of Dr. Gould and others, emphasize again and again the marvelous inter-dependence of all parts of the nervous system.

Noting the success of the oculist with his two little pieces of glass, after the patient has gone the round of analgesics, cathartics, and stomachics, a seemingly plausible question suggests itself, viz.: May there not be an analogous condition of fatigue of the auditory apparatus with important reflex manifestations? For this as a clinical entity, the term "Eartire" has been proposed.

Is it not possible that mal-adjustment of muscles or ossicles may give rise to strain akin to that caused by refractive error? Is it not possible that the long continued registration of unrhythmical sounds by even a normally adjusted ear may greatly fatigue the cerebral auditory centres and have something to do in the causation of neurasthenia, headache, insomnia, etc.?

In the eye, slight variations from exact anatomical relations are of immense importance and we are told that deviations which can be measured by the thickness of a sheet of paper may be of much consequence. Theoretically, at least, it seems entirely possible that there is such a thing as a distinct fatigue neurosis of auditory origin. Furthermore, that individual susceptibility to auditory impressions may vary greatly. To touch again on the analogy we are trying to follow—we are all aware that one person may go thru life with a high degree of refractive error without much discomfort whilst another is made miserable by half a diopter of similar astigmatism.

The relation of the multiplicitv of noisy machinery to nerve-

exhaustion and allied disorders is worthy of some study. These evidences of modern progress have invaded our whole country, even to the farm-house and hamlet. That there is some subtle, but nevertheless, profound wear of the higher nerve centers from this cause is highly probable and its effects may be more far-reaching than we imagine. The study of eyestrain followed in the wake of the printer and the schoolmaster and may not eartire demand our consideration as a concomitant of our noisy environment?

Let us view the subject in another way. Sounds in rythmical succession become music—the antithesis of noise, crudely speaking. The therapeutic value of music—its restfulness to the nervous systems, is well recognized. Its importance in hospitals and sanitariums is very great—alienists tell us of its value in asylums for the insane—we are told that it will even "soothe the savage beast." Surely the injurious effects of noise may be as great as that of music is salutary.

It is difficult by any means now at our disposal, to demonstrate clearly the weight to be given Eartire—to disassociate it from other elements of fatigue, as has been done in case of eyestrain. However, its importance has long been tacitly recognized. A long list of facts might be cited which seem to support the belief in the profound effects of Eartire. We guard from noise our patients acutely ill, lest there should be added a source of nervous exhaustion which would determine a fatal outcome. With life worn to a thread we use all means to preserve the integrity of the nervous system and perfect quiet seems to aid greatly in husbanding the low supply of vital energy.

Neurologists insist on perfect quiet in many instances. Much is said of rest and "rest cures," but is it not highly probable that quiet plays a more important role in the cure than is generally suspected? Hospitals and sanitariums are built in as quiet locations as possible, and were we able to resolve the problem of cure into its elements, we would likely find that simple quiet was a very potent factor.

The urban citizen seeks the country "far from the maddening crowd," for rest and change of air. Does not the freedom from noise which has continually assailed his ears, have much to do with his rejuvenation? A sort of a "silence cure," so to speak.

Brevity compels the omission of the reports of some cases which appear to confirm the notion of a distinct fatigue neurosis due to noise. Some further research along the line of the relation of sound to disease would seem to be justified. As far as I am aware, there is practically no literature at all on the sub-

ject. To facilitate the collection of data I have formulated some questions which can be submitted to patients, but must omit them here.

A therapeutic hint or two—intervals of perfect quiet, may serve in lieu of sedatives or even analgesics. Removal of some patients from noisy surroundings will answer for sanitarium treatment.

As general practitioners we ought to give more painstaking study to causes and cure of functional nervous disease and this will help us to defeat many parasites of our profession, in this, their great stronghold.

My whole theme no doubt seems simple, but simple things are often tardily appreciated. It is well enough to recall the historical fact that the world was very slow to believe the truth about unrelieved eyestrain.

In conclusion let me add that this is submitted to you with several interrogation marks, but with the belief that it contains some hints of truth which may be of value to those accustomed to noting carefully the psychic and nervous phenomena of their patients.—Iowa Med. Jour.

Dr. Musson seems to have submitted his paper with a great deal of diffidence, and appears to apologize for it. This is entirely unnecessary. I believe that the subject of his paper is of the *utmost* importance, and I believe that it will be found that eartire or earstrain is even of greater importance than eyestrain. There is not the slightest question in my mind that *noise* can lead to grave nervous disturbance. Dr. Musson deserves the thanks of the profession for having called attention to this important factor of nervous disease.—W. J. R.

The Treatment of Chancroid

Informal Chats with the General Practitioner.

BY WILLIAM J. ROBINSON, M. D., NEW YORK CITY.

The differential diagnosis tables are the delight of the medical student. All it is necessary to do is to commit to memory two columns of short sentences—and no mistake can be possible in making the differential diagnosis between closely allied diseases. Unfortunately what looks so simple in the text-book or quiz-compend is not always so simple in real life.

THE DIAGNOSIS OF CHANCROID.

The diagnosis between real hard chancre and soft chancre, or chancroid, is very simple on paper: True chancre is indurated, chancroid is not; chancre has a definite period of incubation, chancroid has not; chancre is single, chancroid is multiple; in chancre the edges are sloping, in chancroid they are undermined, etc., etc. But all these signs are apt to lead us astray and are sometimes insufficient for a positive diagnosis. I have heard the very foremost syphilographers of the world say frankly that they could not make a positive diagnosis, and that they

would have to wait for developments. Many a patient has been deprived of specific treatment because his initial lesion did not possess the characteristic hardness or was multiple instead of being single, until the secondary symptoms became so prominent that misapprehension was no longer possible. In short, I will say that in making the diagnosis between chancroid and chancre all possible factors must be taken into consideration—and even then we must be careful. This word of warning, we hope, will not be considered amiss, for we have seen humiliating mistakes occur, and eternal vigilance is the price of correct diagnosis.

The treatment of chancroid is very simple, but because of this it must not be neglected, for neglect may lead to phagedenic ulceration and even to the sloughing of the greater portion of the penis.

SILVER NITRATE OBJECTIONABLE.

The silver nitrate stick (caustic pencil) has played quite a role in the treatment of chancroid both at the hands of the druggist and the old-time physician. This is an abomination of which the modern physician should not be guilty. Nitrate of silver is our worst cauterizant, or caustic. It seldom does any good because it at once coagulates the superficial layer and so cannot penetrate into the deeper tissue; it only irritates and makes matters worse, particularly so in chancroid. I have seen numerous cases aggravated by the use of lunar caustic; both phimosis and paraphymosis are not very infrequent results.

As said before, the treatment of chancroid is very simple. My usual mode of procedure is as follows:

1. Wash the sore thoroly with a pledget of cotton dipped in a 1:2000 corrosive sublimate solution (1 grain of mercuric chloride to 4 ounces of water).

2. Apply a wet compress around the penis for about two or three hours. The compress consists of a long, narrow strip of gauze dipped either in Burrow's solution (solutio alumini acetatis, N. F.) or in a diluted lead and opium wash (sol. of lead subacetate, ½ ounce; tincture of opium, 1 ounce; water, 1 quart). This compress usually removes any inflammatory area surrounding the chancroid and thus materially aids in the healing of the latter. It also prevents phimosis and paraphimosis. And if at all indicated, it is a good thing to repeat the compress every day for an hour or so. This can be done just before going to bed, and need not disturb the patient from his ordinary occupation.

3. Apply some desiccant mild antiseptic powder. Iodoform is one of the best powders so far as results are concerned, but I do not believe any physician would at the present time prescribe it for a private patient. I know I shouldn't. Nor have

I had a grain of it in my office for ten years. The powders most available for the purpose are: bismuth subnitrate; aristol; bismuth subnitrate 3 parts and boric acid 1 part; chinosol 1 part and boric acid 9 parts. Do not use starch in any of the powders intended for an application to chancroid. Starch is an abomination, for it is a very good culture-medium for numerous varieties of bacteria. Where the foreskin is swollen and the powder forms a dry crust the removal of which is accompanied by pain and bleeding, it is well to apply, instead of the powder, either of the following on a piece of gauze or absorbent cotton: aristol, 30 grains, liquid petrolatum or olive oil, ½ ounce; or the above-mentioned Burrow's solution of aluminum acetate or the diluted lead and opium wash.

The above-described simple and painless method of treatment has, in my hands, proven sufficient in every case of chancroid in a very short time. I do not recollect any case which, treated from the beginning, has ever gone on to phagedenic ulceration. But I have had a number of such cases to treat—principally cases that were cauterized by the druggist or the patient himself. If we have such a case to deal with, the method outlined above should be given a trial for twenty-four to forty-eight hours.

Mild modern measures often succeed where the harsh, barbarous methods of the past fail. If, however, no improvement is noticeable, the following method should be resorted to: Wash the sore thoroly with a 1:2000 solution of corrosive sublimate; then swab it thoroly with pure liquid guaiacol; or instead of guaiacol touch the entire sore carefully with pure liquefied carbolic acid (protecting the sound tissue with petrolatum) and apply immediately a pledget of cotton saturated in alcohol. This generally suffices to check the further progress of the destructive process. Should this prove insufficient, we must have recourse to that unpleasant measure, cauterizing with pure nitric acid (taking, of course, precautions not to injure the sound tissue). The sore is anesthethized with a 10-per cent. solution of cocaine, eucaine or alypin, and nitric acid is applied on a thin glass rod or with a tooth-pick. After the cauterization a soothing ointment (zinc oxide 1 dram, bismuth subnitrate ½ dram, Goulard's cerate and petrolatum, each 2 drams) is spread on a piece of linen and applied to and beyond the sore.

CHANCROIDS IN THE URETHRA.

Chancroids situated in the urethra must be treated by the following method: The urethra is to be irrigated three or four times a day with a pint of a warm 1-per cent. boric acid or 1:5000 potassium permanganate solution. After the irrigation a *urethral* bougie (crayon) about six inches long is to be intro-

duced into the urethra and the meatus packed with a small piece of gauze. The bougie should contain 5 grains of boric acid or 2 grains of aristol or 1 grain of zinc sulphocarbolate, or 1 grain of salicylic acid and 3 grains of antipyrin, and the vehicle may consist of either cacao butter or glycerogelatin. The ready-made crayons (Mitchell's) are generally more satisfactory for the purpose, as they are of firm consistency, can be introduced easily and remain long in contact with the urethral mucous membrane.

Where a chancroid is situated beneath a very tight prepuce we may be obliged to perform circumcision, tho by gentle manipulation, irrigation with a thin and long-nozzled syringe followed by insufflation of the above-mentioned powders, we may succeed without that little operation, to which so many object.

The Treatment of Gonorrhea with Quinine, Administered by Injection and Internally.

There is no scarcity in antigonorrheal remedies, either for internal or external use. In fact, instead of there being a scarcity, there is rather an embarras de richesses. And still there is not a single antiblennorrhagic (internal) or gonocide (urethral) which we could designate as specific or ideal or even merely fully satisfactory. We use them all because they are the best at our command at the present time. But that they all possess disadvantages, that some are lacking in efficiency, while others are too irritating in the necessary concentration will be admitted by genitourinary surgeons in general, and is also seen from the fact that there is feverish activity in the chemical laboratories to produce the perfect gonocide, the remedy that will penetrate into the deeper layers, will drive the gonococcus out from its hiding places, and kill it quickly, and do it without injuring or irritating the tissues. But before such an ideal gonocide is discovered we must look around us and utilize the weapons at our command, and we may occasionally find some excellent adjuvants where we did not expect them.

In this brief note I wish to call attention to the value of quinine in certain gonorrheal conditions. The use of quinine as a urethral injection is not entirely unknown, tho it is seldom if ever used in this country in this connection. The use of quinine internally as an antigonorrheal, however, is not, I believe, mentioned by any authorities; still it has given me excellent results in a few cases.

The first time I used quinine as an antigonorrheal almost accidentally. A patient came with a profuse gonorrheal discharge of over nine months' duration. Of course, he had run the gamut of all antiblennorrhagics, internal and external. Mi-

croscopic examination showed mixed infection. The patient looked distinctly bad. He had frequent chills, and the diagnosis was between a malarial, septicemic or endocardial infection. I am a great believer in quinine in general systemic infections, and whatever the trouble was, I thought that a few doses of quinine would do that patient good, before taking up the local treatment. I prescribed for the patient 5 grains of quinine four times a day for the first three days, then the same dose twice a day for four days more, at the end of which time he was to call again. When the patient called at the end of a week the discharge had entirely ceased. And when I say entirely, I mean exactly what the word implies. There was no gluing together of the meatus, no morning drop—absolutely nothing. Nor were there any shreds in the urine. I might add, that in spite of the long duration of the discharge, there were no shreds in the urine the first time either, when the patient called. We come across such cases occasionally.

Since then I have used the quinine in four more cases, with positive results. I also use it by injection in a solution of 1 to 1000. In these proportions quinine sulphate is soluble in water without the addition of any acid. Quinine bisulphate and quinine hydrochloride also may be used, but the sulphate seemed to me the least irritating for injection purposes. This 1:1000 solution of quinine will also be found useful for irrigating the bladder in bacteriuria and in subacute cystitis.

It is our duty as advanced therapeutists not only to search for new remedies, but to be constantly on the alert to discover new properties in old remedies.—W. J. R. in the Amer. Jour. of Clinical Medicine.

Burning of the Feet in Prostatic Trouble.

How many physicians know that burning of the feet—annoying and obstinate burning—may be due exclusively to some pathologic process in the prostate gland? There isn't any doubt that this causal relationship exists. I have noticed it in several cases where it could be traced with absolute positiveness. I recently had a case of this character. The patient had used all kinds of washes, powders of starch, talcum and salicylic acid; ointments with cocaine etc., but to no avail. He came to me to be treated for a prostatitis. After four or five prostatic massages, which were followed by a large amount of expressed secretion, he volunteered the information that the burning of his feet had entirely ceased. The man is practically well of his prostatitis, and the burning has not returned. It shows how intimately connected all organs of the body are and that injury to one is the concern of all.—W. J. R.

Effects of Lascivious Conversations, Books and Companions in the Causation of Sexual Excesses.

BY ALBERT E. STERNE, A. M., M. D.

Professor Clinical Neurology and Psychiatry, Indiana Medical College (Purdue University) Medical Director "Norway" Sanatorium, etc., Indianapolis, Indiana.

Several habitual indulgences usually go hand in hand with those of the sexual sphere and they are likely to begin rather early in life at a time when the mind of the boy and to a lesser degree of the girl, is peculiarly receptive to impressions of all kinds. Not uncommonly these indulgences date from the schoolroom days—not as a matter of curriculum, but of companionship. Only too frequently lads in the early adolescent period, even in the early teens, are guilty of conversations replete with unpublishable anecdotes, which are apt first to have been heard from older boys or men—more's the pity. In the developmental years, it is easy to inflame the fancy of almost any boy. From mere lascivious pictures, fostered by salacious tales, it is but a step to the awakening sexual instinct, in most boys easily and early aroused, especially associated with long hours of sitting in the schoolroom, which in itself is likely to provoke a certain degree of passive congestion of the genital organs. In nearly every school there is at least one lecherous boy who is apt to be peculiarly fascinating to his fellows, who readily acquires a following among lads of as weak or weaker mental mold than himself. He gives the impression and the others quickly acquire it—that to be a "man" is to assume not the noble, but the ignoble elements of manhood. His preaching is pernicious and, appealing to the sensual, likely to find ready acceptance among boys—even among those who have refined home surroundings. It becomes the "thing" to smoke cigarettes; to talk lustful subjects; to read smutty tales; to indulge in more or less onanism—not by any means always secret—and finally to seek actual sexual intercourse, first among comparatively decent girls, soon in company of other boys among women of older years, whose experience in such matters completes the primary cycle of salacity.

The second cycle in the lecherous education of such boys deals distinctly with what may be termed real "excess" probably in comparison with the almost universal indulgence in sexual intercourse to a sane, even if immoral, degree among young men of all classes, a not frequent thing. Naturally we differ widely in our conceptions of "excess" in venere. It is to be understood that indulgence in the normal act of coition becomes excessive only thru frequency, while every act of perverted intercourse is an "excess," no matter how infrequently practiced.

In the chapter of true "excess," the chief role is again apt to be played by the same appeal to the lustful in books, speech and companionship, which first provoked any exercise of the animal faculties, whether in onanistic or coital practice. Companionship means much to most young men and the fear of being termed a "quitter" or anything but a "good fellow," is apt to weigh heavily. So many a young man who might otherwise exercise the privileges of sex with discrimination allows himself to overstep the mark. The so-called "good time" or "lark" becomes more and more frequent, almost always associated with other than mere sexual indulgences and in a relatively short time it requires actual stimulation to help the waning impulses along. In addition, it becomes increasingly more difficult to free the thoughts from fancies and pictures of lustful things even when alone; and that is about the time the physician sees the case, if perchance by rarest luck, he had not already acquired gonorrhea or lues, or both.

Naturally, boys and men are the usual victims of "excess," but girls are often victims of true excess—not in actual sexual intercourse, for in that respect they are only receptive, and not aggressive, but in individual "excess," they do indulge frequently. Masturbation is the chief excess to them. In early years boys practice onanism much more than girls. Later boys acquire sexual intercourse and usually leave off personal abuse. Girls, on the other hand, fearing the consequences of actual coiton, keep up onanating throout their years of maidenhood and often even after they enjoy real intercourse. In other words, the ratio of young boys who practice self abuse to young girls who do likewise, decreases measurably with advancing years. The age at which girls acquire the habit is also rather more advanced, but the causes leading up to the habit are largely the same—lustful companionship, tales told and retold.

This whole question of sexual indulgence is largely one to be viewed from a non-medical point. It is largely a civic question and a correction of it may best be attained along medico-civic rather than along purely medico-surgical lines. *Am. J. Derm.*

"A Gem on the Subject of Prevention".

For some reason or other people thought that the letter of F. M. Capps in the June issue entitled "A Gem on the Subject of Prevention" was either written by an ignorant layman or was composed by our office boy. This is not so. It was written by F. M. Capps, M. D., who resides in Knoxville, Tennessee, and who states on his letter head that he is a specialist in eye, ear, nose and throat diseases. This shows how much some of our professional brethren are in need of missionary and a b c propaganda.

Letters to the Editor

Rewards for "Ethical" Sacrifices.

Dear Doctor Robinson:—The following case from actual life may prove interesting to your readers. A small center of population contains two young practitioners of medicine, appealing to the public at large for good-will and patronage. One is a strictly orthodox physician, whose rules of practice and ethics are in accord with the suggested "code," and he would not for a moment harbor a remedial product which had not been "approved" by the Council of Pharmacy. The other physician is a so-called liberal, constantly seeking for new things and all things which may assist him toward the end of his endeavor, whether he knows the "working formula" or not.

Like all small towns, these have their clinical "show-cases" standing tests for trying out new doctors who expect to gain the confidence of the resident populace. Now it happens that a new therapeutic proprietary product is offered to the medical profession as being efficacious in a chronic disease which afflicts one of the test-cases; but, unfortunately, not being approved by the Council the orthodoxite will not use it, in spite of its merit. Not so his colleague, who finds the claims of the promoters to be well-authenticated. He accepts the opportunity, and the result is precisely that which had been predicted; the case became a household topic in the community, where the Doctor was lauded for his skill and fitness. He waxed prosperous, thenceforth, while his colleague ruminated on the injustice done to righteousness and ethical practice. He finds that the approval of the Council is not worth the sacrifice. That such a state of things may exist is well known to every physician posted in the history of therapeutics; for many of its most useful discoveries came originally from sources wholly "unethical."

The question is, "What are the compensatory advantages to a physician for boycotting proprietary remedies, especially the class which the Council of Pharmacy condemn for some superficial reason, altho he may know them to be the most effective agents available to him for certain definite needs?" You may be justified in retorting with another, "What advantage is there in doing right at any time?" Yea, verily; but *is* the orthodox position right; and is not that doctor nearer right who uses any means available for the best interests of his patient, whether or not it has received the approval of a few self-opinionated, and prejudiced men constituting themselves an autocratic and dictatorial body? It is retarding the progress of medicine to saddle it with such an

incubus. It appears to be quite similar to our municipal civil service in practice, where the fittest applicant may live his life out at the head of the list without "the same old pull of Auld lang syne."

New York City. P. M. Wise, M. D.

Editor Critic and Guide:

In the July number of the C. and G., I notice a quotation from Dr. Oliver Wendell Holmes—appearing in a most excellent article by Dr. Geo. F. Butler on "Optimism in Medicine." Dr. Holmes said further: "The great secret of success in every form of quackery is hope kept alive in the patient; while the too fatal gift of science is a prognosis of despair." Perhaps it is for fear of putting himself on the level of the charlatan and the fakir that the "wise" man of medicine fears to instill into his patients some of the hope on which this class found their "success."

It is an encouraging sign of the times when men of Dr. Butler's class "get out of the rut." Speed the time when rational optimism becomes part of the curriculum of every medical college.

Brooklyn, N. Y. Henry W. Bronson.

"Remarks on Homeopathy"

Editor Critic and Guide: As a "convert" and homeopathist of long standing, I have borne with equinimity the quips, sneers, and persecutions in one form or another—the offspring of an unreasonable prejudice—of your self-styled "regulars," but anything so preposterous, insulting and silly as the "tirade" of Jos. H. Lopez, M. D., I was not prepared for in these days. According to his showing the thousands of us who are practicing on the law of similia similibus curantur are a "sect" of charlatans and the thousands of an intelligent laity, our patients, a pack of fools. From time to time I have noted that some one of you "regulars," discouraged by the results of your kaleidoscopic treatments, has turned to homeopathy and investigated, not for the purpose of holding up to ridicule, but to find the truth, which he does and proceeds to demonstrate it by his practice, but nothing short of a special dispensation of Providence could remove the rock-rooted prejudice of a Lopez. Where the prejudice is strong, the judgment is always weak.

Jos. Fitz. Mathew, M. D., I. H. A.
West Sound, Washington.

Book Notices.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. Nineteenth edition. Thoroly revised, largely rewritten, and based upon the eighth decennial revision of the U. S. P. By H. C. Wood, M. D., LL. D., Professor of Materia Medica and Therapeutics in the University of Pennsylvania; Joseph P. Remington, Ph. M., F. C. S., Professor of theory and practice of pharmacy in the Philadelphia College of Pharmacy; Chairman of the Committee of Revision of the Pharmacopeia of the United States of America, and Samuel P. Sadtler, Ph. D., LL. D., Professor of Chemistry in the Philadelphia College of Pharmacy; Member of the Committee of Revision of the Pharmacopeia of the United States of America. J. B. Lippincott Co., Philadelphia. $7.50. This huge volume of nearly 2,000 large, double-column pages is a very mine of information on everything pharmaceutical. To recommend it to the pharmacist is like recommending the Bible to a pious Christian. It is the pharmacist's vade mecum and no drug store is complete without it.

But here we want to ask a question and give an answer. Will the dispensatories always be of the same scope, continue on the same lines? We believe not. The whole thing seems to us an incongruity, an irreconcilable incompatibility. For the pharmacist the dispensatory contains entirely too much physiology (pharmacology), too much therapeutics, too much toxicology. For the physician it contains decidedly too much botany, too much pharmacognosy, too much technical chemistry and too much pharmacy pure and simple; and for both it contains a good deal of matter that is unnecessary, uninteresting and obsolete. The result is that the number of physicians in a hundred that buy the dispensatory could be counted on the fingers of one hand (and have some fingers left), while the pharmacist buys it almost exclusively for the formulae of preparations it contains, which are not contained in the U. S. P. or N. F. We verily believe that a book of just about half the size would prove more useful and more handy to the pharmacist, while the physician can get along very well without it. His books on Materia Medica and Therapeutics answer his purpose and he has not to wade thru a mass of useless material.

It would be interesting to know how many pharmacists and physicians have felt just the way we do on the subject, but have not had the courage or opportunity to express themselves.

In conclusion we must emphasize that these remarks do not apply just to the dispensatory before us, but to dispensatories in general.

INTERNATIONAL CLINICS. A quarterly of illustrated clinical lectures and especially prepared original articles. J. B. Lippincott Co., Philadelphia, 1907. Cloth, $2.00 per volume. Volume two of the seventeenth series of International Clinics is up to its usual standard of excellence. The following articles deserve special mention: Vaccine Treatment of Infectious Diseases, by Rufus I. Cole; Management of Exhaustion States in Men, by J. Madison Taylor; A Plea for Laparotomy Rather than Paracentesis in Ascites, by George Dock; Surgical Syphilis, by Charles Green Cumston; Post-partum Hemorrhage and Its Treatment, by Joseph B. De Lee; Some Practical Considerations of Dysmenorrhea, by Chauncey D. Palmer; and Gonorrhea and Syphilis in Infancy and Early Childhood, by Thomas Morgan Rotch.

TUBERCULOSIS. As a disease of the masses and how to combat it. Fourth edition revised and illustrated. Prize essay by S. A. Knopf, M. D., New York. Published by F. P. Flori, 514 East 82d St., New York. Paper 25c, cloth 50c. Dr. Knopf's famous international prize essay has been translated into more languages than any other popular medical volume that we are familiar with. Both physician and layman will derive valuable points from a perusal of its pages. The book is really too well-known to demand extended notice. We will only say that the present edition has been enlarged with a supplement on home hygiene, school hygiene, installation of the sanatorium treatment at home, and a historical review of the anti-tuberculosis movement in the United States.

PHYSICAL DIAGNOSIS. With case examples of the inductive method. By Howard S. Anders, A. M., M. D., Professor of Physical Diagnosis, Medico-Chirurgical College, Philadelphia; Physician to the Philadelphia General Hospital, tuberculosis department. Pp. 456. With eighty-eight illustrations in the text and thirty-two plates. D. Appleton & Co., New York, 1907. Physical diagnosis is one of the most important branches of medicines, for physical signs give us information, which is positive and certain. The volume before us presents an exhaustive review of the science of physical diagnosis, giving full consideration to every sign and to the various means of diagnosis. The diagrams and illustrations are very useful and well executed.

THE PRINCIPLES AND PRACTICE OF DERMATOLOGY. Designed for students and practitioners. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the

University of Illinois; Dermatologist to St. Luke's and Cook County Hospitals, Chicago; Member of the American Dermatological Association. Pp. 1020. With one colored plate and three hundred and sixty-seven text illustrations. D. Appleton & Co., New York, 1907. $6.00. There was a time when the American physician paid very little if any attention to Dermatology. The impression prevailed that diseases of the skin were very rare in this country. This might have been true in the past, but it is not true now. Luxurious living, on the one hand, and immigration on the other, are giving us quite abundant clinical material, and no general practitioner can consider himself up-to-date if he has no idea of the science of dermatology. The volume before us is a most excellent treatise on the subject and the general practitioner who possesses it will need no other text-books.

THE PHYSIOLOGY OF ALIMENTATION. By Dr. Martin H. Fischer, Professor of Pathology in the Oakland College of Medicine. John Wiley & Sons, New York, 1907. Cloth, $2.00. The chapter of the physiology of the alimentary canal is treated by Dr. Fischer in a separate volume of over three hundred pages. He tells us that the volume is intended to be the first of a series of monographs dealing with various phases of physiology. While he has, of course, embodied the latest physiological investigations, our conceptions of the bodily processes change so rapidly that it cannot be foreseen how soon certain statements, which we now take to be the last word on the subject, will be seen to have been erroneous and will have to be discarded. The author says, however, that he will be satisfied if the present volume serves as a weather vane, indicating for the time being the direction in which the wind is blowing. This service Dr. Fischer's book performs very well, indeed.

The Treatment of Pruritus, and Some Common Itching Dermatoses (Bulkley.)

Pruritus Essentialis.—The treatment of any case of pruritus is simple if the etiology is clear. In many cases this connot be absolutely determined, and then recourse to some of the general rules laid down must be resorted to. There are some general principles of treatment, both as to internal and local management, which are of great value, both in mitigating and completely relieving the disease. As a rule constitutional treament is unsatisfactory unless especially directed to some discoverable etiologic factor, such as diabetes, rheumatism, or the various other hepatic and renal diseases concerned in its production. Among other constitutional remedies should be mentioned cannabis indica, gelsemium, pilocarpine, belladonna, quinine, the salicylates (acetyl-salicylic acid), phenacetin, antipyrin, choral, sulphonal, arsenic, and chloride of calcium, as recommended by Savill. Local remedial agents are very important, and if properly selected and applied are of great value. The best of these are carbolic acid in oil or lotion; thymol, or menthol, 1 to 4 per cent. in an ointment;

resorcin, ½ to 2 per cent. in lotion; camphor in an ointment or dusting powder; choral in an ointment or lotion, and the tars; also hot water, electricity, and radiotherapy. These local remedies may be used in the following combinations:

℞ Acidi carbolici, ʒj-iij;
Aquæ calcis,
Olei olivæ, ää fʒviij.

Or,

℞ Acidi carbolici, fʒss-jss;
Pulv. amyli, ʒij;
Pulv. zinci oxidi, ʒiij;
Aquæ calcis, fʒjv;
Aquæ rosæ q. s. ad fʒxvj.

Or,

℞ Thymol vel menthol, gr ʒv-xxj;
Adipis Lanæ,
Unguenti petrolati, ää ʒss.

Or,

℞ Rescorcin, gr. xv-ʒj;
Glycerini, fʒjss;
Spts. vin. rect., q. s. ad fʒviij.

Or,

℞ Camphoræ or chlorali, ʒss-j;
Unguenti petrolat., ʒj.

Or Anderson's dusting powder:

℞ Pulv. camphoræ, ʒjss;
Pulv. amyli, ʒviij;
Pulv. zinci oxidi, ʒjv.

Or Wilkinson's salve:

℞ Olei rusci (birch tar), ʒij;
Sulphuris sublimat., ʒij;
Cretæ preparatæ, gr. liij;
Saponis viridi,
Adipis, ää ʒss.

In all cases free elimination should be encouraged by salines and other laxatives, with abundant water-drinking and perhaps other diuretics. Cotton, linen, or silk should be worn next to the skin. The diet should be simple and non-irritating, and as a rule tobacco and alcohol should be interdicted.

The external applications which more or less control pruritus as a symptom may be divided into those which are: 1, Soothing and, 2, analgesic; both of these are used in the form of lotions and of ointments.

The calamine and zinc lotion, so widely known, is one of the best, mild, soothing applications in many pruritic conditions. The formula which I employ is compose1 about as follows:

℞ Phenol (acidi carbolici) ʒss-ʒi;
Pulv. calaminae ʒi;
Zinci oxidi ʒii;
Glycerini ʒiii;
Aquæ calcis ʒi;
Aquæ rosæ q. s. ad. ʒiv.

M. Sig.: To be sopped repeatedly over the surface.

Ichthyol is a very valuable remedy, and in from 10 to 25 per cent. solution, in water or oil, will often act very efficiently; it is also very valuable in ointments.

The liquor picis alkalinus, which I introduced some years ago, is also serviceable. It is made as follows:

℞ Picis liquidæ ʒiv;
Potassæ causticæ ʒii;
Aquæ ʒx.

The potash is dissolved in the water and rubbed up with the tar in a mortar until perfect solution is effected. This is to be diluted in varying strength, one part to ten or to twenty of water, and bathed over the surface, a suitable ointment being applied afterward.

Lead and opium wash is often employed and occasionally will be found effective, but, as a rule, it does not answer so well as other remedies.

Ointments are constantly employed to relieve itching, and if properly constructed and efficiently applied answer well, although often annoying to the patient. For rather mild general itching a carbolized compound lanolin ointment, such as I have often designated "skin food," is valuable, made as follows:

℞ Phenol (acidi carbolici gr. xx-xl;
Lanolin ʒi;
Boro-glycerin ʒiv;
Unguenti aquæ rosæ ʒiii.

This is applied with the palms of the hands and gently rubbed in until about all is absorbed.

A mixture of camphor and choral is a very efficient antipruritic, made thus:

℞ Chloral hydrate
Camphor of each ʒss-ʒi;
Rub together until liquid, and add:
Compound lanolin ointment (as above) ʒi.

M. Sig.: To be gently rubbed in.

If there are any raw surfaces this will sting considerably, but on the unbroken skin it is very comfortable and allays itching greatly.

Many skins do better without any greasy application, and the glycerite of starch can be substituted in the above ointments for the fatty base.

Tar and the tarry preparations, oil of cade and oleum rusci, are also valuable antipruritic remedies, and may be freely used without danger of absorption.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D. EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. X NEW YORK, OCTOBER, 1907 No. 4

Cranks, Germs and Disease.

An infallible means to shut up those who do not believe that germs can cause disease.

Why will people refuse to be rational, refuse to take the middle ground, which is, after all, in the vast majority of cases, the correct ground? On the one hand we have the strict laboratorian, who bases his diagnosis of disease on laboratory findings and who believes that because he can easily annihilate a germ *in vitro,* he can do the same thing *in vivo,* in the human body, and as a result neglects the tissues, failing to increase their natural resistance, and trusts everything to the chemical germicide. This type, now happily becoming extinct, is well exemplified in a number of physicians, who, following Koch's discovery of the tubercle bacillus, stuffed their patients with creosote until their gastro-intestinal mucous membrane was ruined, neglecting such unimportant things as proper food, fresh air, exercise, etc.

On the other hand, we have the generally poorly educated or senescent physician who denies altogether the power of germs to cause disease, and speaks wisely of hygiene, of "natural" methods of cure, of diet, fresh air, etc., just as if these things were recent discoveries.

All these natural adjuvants to the proper treatment of disease were known to Hippocrates and we do not believe there is a third-year student in a properly equipped college who does not know of the tremendous importance of proper diet, fresh air, proper elimination, hydro-therapeutic measures, etc. (If there is a college that does not teach these things, it ought to be closed up.) But the third-year student knows more; he knows the reality of the germ (we have met some quacks who even denied the existence of germs, because they never handled a microscope),

and he knows that germs can as certainly and as positively cause disease and death as can an overdose of strychnine or morphine.

The irregular physicians who never belonged to, or who broke with, the regular medical profession, try to convince the laity that we are only "drug dopers." This appellation might have been justified fifty or sixty years ago. It is distinctly libelous now as to a great part of the regular profession. The rational physician of to-day knows the great importance of both the seed and the soil—the germ and the tissue—in causing disease, and in his treatment he uses every agency that he thinks might help to correct the patient's—or nature's—blunders. Proper diet, sunshine, fresh air, exercise, drugs, hydrotherapy, elimination, electricity, the x-ray, massage, psychotherapy, etc., etc.—all these agents are at his command and he makes use of them whenever he thinks them necessary. Unlike the faddist, osteopath or general crank, he is not tied down to one method of treatment.

Now to the means of proving the sincerity of the belief of those who deny the germ theory of disease. I once had a mental (?) Christian (?) "Scientist" (?) in my office discourse very heatedly of the nothingness of material agencies and of the supreme power of the mind. The mind could overcome everything; every disease would yield to it. While he was discoursing, I opened the medicine closet and weighed out on a piece of paper the minute quantity of one grain of strychnine, and then poured into a spoon about ten drops of croton oil. I told him that he could quickly persuade me of the power of mind over matter and that I would publicly declare myself a mental or Christian or any other kind of "scientist," if he would swallow either the one or the other and remain seated on the chair for 15 minutes. He missed the opportunity to make a convert. Several times I have challenged people who denied the existence of germs, or denied their power to produce disease. "Why not prove to the world the truth of your statements once forever by swallowing or allowing me to inject into you some tubercle, diphtheria or tetanus bacilli? Why talk, talk, talk? Why not put the matter to a crucial test? If germs cannot produce disease, they won't harm you." But I have not found one person loyal enough to his or her convictions to accept the challenge, which would quickly terminate all arguments on the subject.

It is well to call attention to the necessity of proper food, of proper glandular action and elimination, but clogging up the system will alone not produce an infectious disease. It will act as a contributing cause, but the immediate exciting cause is the germ. Have you not seen a beautiful, lively, perfectly healthy child suddenly stricken with malignant diphtheria? Or have you not seen a robust, thoroly healthy man run a nail or a piece of wood into his flesh and within a short time develop one of the most

awful of all diseases, tetanus (lockjaw)? What has done it? What has caused these horrible conditions? Can any rational man, professional or lay, be in doubt as to the correct answer?

Some crank physicians say that while they do not believe in the germ theory of disease and in the corresponding treatment, still they are compelled to adopt the latter because the people demand it. For instance, they do not believe in diphtheria antitoxin, but are using it against their will and judgment. This is certainly a strange, curious statement. Would an honest physician administer a remedy which he knew to be injurious, but which his patient or his patient's friends demanded? As far as I know, self-respecting physicians are autocrats in their treatment; they administer what they think is necessary, for the welfare of the patient; if the patient or his friends are not satisfied, they are told to look for another physician.

Our anti-vaccinationist friends often do practice vaccination, according to their own confession. They do it, they say, because the parents demand it; the children must have a certificate to be admitted to school, etc.

This beautifully illustrates a peculiar variety of moral or mental strabismus. I know that if I believed, as my anti-friends say they do, that vaccination is "polluting life's pure blood stream with a filthy nasty poison," if I believed that numerous diseases, disabilities and deaths were due to vaccination, nothing in the world could induce me to become particeps criminis in such a "vile, dangerous procedure." Still I have but to-day met a loud anti-vaccinationist who keeps on vaccinating at so much per. Can we have respect for such people?

Some Gentle Remarks on the Perennial Topic, Advertising.

Only he who stands on the very lowest rung of the moral ladder would think of asserting that the CRITIC AND GUIDE is ever influenced by present or prospective advertising in what it says or in what it does not say. Unconscious bias there may be—being unconscious of it, we cannot be held responsible. But conscious bias—never! We have the deepest contempt for the editor or publisher who uses his journal as a club to hammer advertisers into taking space with him. And we have equal contempt for the manufacturer, who is cowardly enough to submit to any attempt at blackmailing. If we were a manufacturer and a journal ever dared to attempt the slightest shadow of coercion with us, we would blacklist that journal forever and aye. No, the contemptible policy of bullying and coercion has never been the policy of the CRITIC AND GUIDE. And we never had any need of it. We are doing very well. There are half a dozen firms now (five, to be exact) anxious to get into our advertising pages—but they

cannot do it if they paid us ten times our regular rates. We will remain discriminating as before, using our own judgment as to what constitutes proper advertising for an ethical journal, and not caring a rap as to what the Council of fifteen (or rather of three, twelve of them being mere figureheads) may declare. No secret remedy, i. e., a remedy the essential composition of which, both qualitative and quantitative, the manufacturers refuse to disclose, and no remedy for serious diseases advertised to the laity can get into the pages of the CRITIC AND GUIDE. And that's all we have to say on the subject just now.

N. B.—Some *State* journals still carry (October, 1907) the worst preparations condemned by the Council—even Antikamnia still graces their pages. Would it be *mal à propos* to suggest that the J.A.M.A. and the two most saintly State journals devote their energies for awhile to reforming the members of their own family, instead of squirting their venom against the independent press, which, full of sins as it is, has the extenuating circumstance in its favor that it has unfair competition to contend with, that it has no society behind it to pay its bills? Would it, or would it not?

Is There Room for Manufacturing Pharmacists?

To some of our good but slightly "muddled" readers the very word manufacurer is anathema. They think that all pharmaceutical manufacturers are a nuisance and have no business whatsoever to exist on earth. Some there be—and we have met them, coming in contact as we do with all sorts of men—who believe that it would be better all around if the plants of all the manufacturing pharmacists, and particularly those of specialty manufacturers, were razed to the ground, never to be rebuilt. That all the *best* we have in medicinal therapeutics is due to the enterprise of the manufacturing pharmacist, and that cessation of the activity of the latter would mean absolute stagnation in the former these good strabismic friends of ours do not seem to be capable of grasping.

Well, all doctors have not yet lost their sanity, we are glad to say. And some of the sanest remarks on the subject were made by Dr. S. Solis Cohen in his address to the American Pharmaceutical Association. Among the many other things which Dr. Cohen knows how to say so well, occur the following timely remarks:

"I recognize and you recognize—we must recognize—that in the general progress of science and the general advance of discovery, and the general progress of the arts of manufacturing and preparation of crude pharmaceutics there is abundant room for large manufacturing houses which devote themselves to specialties of various kinds.

"For example, how can the individual pharmacist undertake to prepare and supply the great group of animal extracts and serums, which now have such a large part in the therapeutics of today? And so even with various galenicals, alkaloids and the like. There are many things which the retail pharmacist cannot do as well as that establishment which possesses the proper facilities and which is thoroly organized to do well on a large scale what can only be done imperfectly on a small scale. We all recognize that, and the American Medical Association has taken steps, individual physicians have taken steps, to place themselves in proper relation with the great manufacturing houses, which are a credit to American Pharmacy and to American business. We want to have the most cordial relations with them, so that these firms may be encouraged to prepare and offer to us for the benefit of our patients the best and purest and most definite pharmaceutical products. And yet, after all, there is a place, and there must be a place always for the individual pharmacist—the retail druggist, call him by whatever name you please; for the individual who practices as a scientific man the profession of pharmacy."

Yes, it is time that the hysterical antagonism towards manufacturing pharmacy, fostered by ill-balanced zealots, cease and that manufacturers of the highest integrity and ability be not made to suffer for the sins of quacks and ignoramuses.

Individual Prophylaxis.

The medical profession and the intelligent lay public have at last begun to realize the enormous sinister importance of gonorrhea to the individual and to the race. As to the individual, it is now recognized that gonorrhea, far from being a "purely local" disease, may affect almost every organ of the body: the prostate, the seminal vesicles, the bladder, the joints, the muscles—all are subject to the invasion of the gonococcus. As to the innocent wife—life-long invalidism and sterility are often her portion, while the thousands of cases of blindness from blenorrhea neonatorum cry aloud to heaven—if not for vengeance, at least for the protection of the children of the future.

What is the best method of dealing with that venereal scourge, whose frequency is stated to be only second to that of measles? A total change in economic conditions will do away with venereal diseases entirely. Of this we have no doubt, but this is a matter of the future. We are dealing with the present, and it is a condition, not a theory, that confronts us. Should we advocate absolute continence? Let us do it by all means. Continence is not incompatible with health under certain conditions and in many individuals. And if our preaching will induce some people to live a con-

tinent life—why, so much good accomplished. But, in this respect, it is also a condition and not a theory that confronts us. The vast majority of adult males will not listen to our sermons on continence—or they will listen with a cynical smile and an incredulous shoulder-shrug—and will go and follow their instinct. What are we to do? Should we give such young men no protection? Even if we were pharisaic enough to say that the young man who indulges in illicit intercourse deserves no sympathy and no protection, should we not protect him at least for the sake of his future wife and children?

The Germans are much more practical than we in such matters. They have decided that a real preventive of gonorrhea will do more good to the individual and to the race at large than thousands of tracts and sermons. Since the introduction of protargol in a portable and easily applicable form among the German students, soldiers and sailors, gonorrheal infection has decreased in a most remarkable degree. The German and French societies of venereal prophylaxis approve most heartily of the use of individual prophylactics against venereal infection, in which respect they are much more practical and efficient than our own society of sanitary and moral prophylaxis, which is still too *doctrinaire* and—shall we say—too prudish to be of any real value to the people.

We have long ago felt the necessity for a good preventive in this country. Many years ago Dr. Ludwig Weiss of this city suggested that some combination of protargol be put on the market and be recommended to the public as a prophylactic against gonorrhea. But nobody took up the suggestion at the time. We are glad to learn that at last a company has been formed to put on the market a positive preventive, in a very convenient and portable form. We know the exact composition of Preventol—the chief ingredient is protargol—and the Preventol tubes (an announcement of which will be found in our advertising pages) will fill a really long-felt want. If they prevent only a certain percentage of gonorrhea, the manufacturers will deserve credit as true humanitarians.

The Truth on the Original Package Question.

Nothing makes my friends, the druggists, so angry as the injunction of many manufacturers to prescribe in "original packages." And nevertheless I must repeat what I said so many times before, both in public and in private, that the druggist is, *to a great extent,* himself responsible for the original package evil. It is true that some manufacturers advise the doctors to prescribe in original packages in order that the public may become familiar

with the style of the package and order it for themselves, but it is also true that most manufacturers had to adopt the policy in sheer self-defense.

Has a manufacturer a right to put out a superior pharmaceutical product? No? Then there is nothing further to discuss. Yes? Then you will admit that he has the right to protect himself to see when a physician prescribes a certain product that the patient gets it. Otherwise the manufacturer is injured financially and in his reputation, the doctor is injured in his reputation, financially, and besides he gets confused in his therapeutics, and the patient gets cheated financially and injured in health. And, unfortunately, the only way in many cases that the physician can make sure that the right product is dispensed is to order in the original package and insist on seeing it. For unpleasant as the fact may be, we must admit—and honest pharmacists will be among the first to admit it—that there are many druggists who will subsitute on every possible occasion, wherever and whenever they can. Some will even run the risk and dangers of detection. Here, for instance, we are in receipt of a circular from Messrs. Fairchild Bros. & Foster in which they state that, in order to find out if substitution was abating, they had prescriptions in which Essence of Pepsine, Fairchild, was distinctly specified, made up at nine different drug stores (names of druggists and addresses are given in the circular.) In *each one* of the nine drug stores a substitute was dispensed; the substitutes were of varying degrees of inferiority and some *practically worthless*. Is it surprising that some physicians become therapeutic nihilists and speak sneeringly of the digestive ferments? And could any fair-minded man blame Messrs. Fairchild if they advise the physicians of the country to prescribe their products in original containers?

The CRITIC AND GUIDE demands fair play for everybody—the public, the physician, the pharmacist and the manufacturer—and it will continue to tell the truth on all subjects.

Female Regulators.

I further recommend that the postal authorities be urged to exclude from the mails, all newspapers, circulars, periodicals and other matter used in advertising the various remedies for sexual weakness and lost manhood. Also the so-called female remedies, or regulators. The circulars and other matter sent out by the promoters of the first-mentioned class of remedies, are filling our insane asylums. If remedies of the second-named class perform what may be read between the lines, they are criminal, and if they don't, they are frauds. In either case, the government should suppress their sale.—From President Leo Eliel's address at the recent meeting of the A. Ph. A. Amen!

Ethical Proprietaries.

We beg to call attention to an editorial with the above title in the Pacific Pharmacist for September. The editorial sustains our position fully and is notable from the fact that the editor, Prof. W. M. Searby, is a pharmacist and has just been elected president of the American Pharmaceutical Association. It is pleasant to see that there are even prominent pharmacists who do not believe that manufacturers should give up to the Council all their trade secrets, acquired at a great expense of time, labor and money, for the benefit of piratical competitors. The Pacific Pharmacist has made inquiries to find out whether physicians are taking the trouble to inform themselves as to which compounds are ethical and which unethical, and whether they are prescribing the former and tabooing the latter. "So far as our inquiries have gone," says the editorial, "the results are negative. Pharmacists tell us they are receiving just as many prescriptions as ever calling for the remedies discriminated against by the Council of Chemistry and Pharmacy. Indeed, it seems as if the majority of physicians do not stop to think, but go on prescribing the medicines from which they have obtained satisfactory results."

And further on the editorial continues: "While we contend for absolute truthfulness in the labeling and advertising of proprietary medicines, whether official in the U. S. P. and National Formulary or not, we do not advocate that the manufacturer should be compelled to give all the details of his manipulations to the public. It is for him to give or withhold this information as he sees fit. So long as his preparations, if official, are true to the established standard, or, if unofficial, are true to label as regards their composition, and true to fact as regards their properties and action, we should class them as ethical. No one has the right to demand that full working formulas be made public. All large manufacturing houses employ chemists and other scientists to conduct investigations with the object of overcoming difficulties experienced in making or preserving their products, of assaying drugs, of testing chemicals, and of devising new processes or improving old ones. These and a score of other things are going on all the time in these chemical and pharmaceutical laboratories, and the results of this experimentation are of the greatest benefit to pharmacy as well as to the firms making the investigations. If these firms gave to the public, that is, to their competitors, all the results of their work, they would have the burden of the cost, and their 'neighbors' would have the benefit. [But that's exactly what some overzealous members of the Council demand.] This would soon put a stop to all such research, and the loss to pharmacy, and, therefore, to the public, would be great."

Original Articles

WRITTEN FOR THE CRITIC & GUIDE.

Get a Backbone.

By WILLIAM LEE HOWARD, M. D.

Why all these bickerings, petty personal politics and unassimilated ideas riotous in the profession?

Why is it we have circles, cliques and bands ever warring, ever backbiting?

What is the cause of the increase of religio-medical sects, charlatanry and quackery?

Because, like most men and things in this country, the profession is made up of various ethnic groups whose traditions and morals remain fixed thru ancestral germination.

The chaotic condition of State laws controlling those who are allowed to enter the study of the profession has been the cause of sending out shallow minds, unbaked intellects, commercialists and the professionally unfit.

Oh, no; not all physicians come under these various heads. In the profession are many noble natures, many brilliant intellects, and some who conscientiously scorn all that is sordid or of self-interest.

But this class is not large enough to leaven the whole.

Men of this class do not believe "The thing that has been, it is that which shall be."

Then we have that well meaning clique of men who cannot get away from their university circle of mental monasticism. With this group the members see nothing good unless it emanates from their dicta.

Let the man who is broad-minded enough to combat antiquated ideas attempt to publicly express them, and the council of ancient and mossy minds cry out: "Anathema!"

Upon many medical minds are creases left by religious bigotry and intolerance of individuality.

These need the hot flatiron of progress on the creases.

Such men pride themselves upon their churchly connections and hold up their hands in pallid fear when one of their profession attempts to teach God's laws of reproduction and their necessary hygiene, not knowing that in their Sunday text-books can be found expressions "plainly descriptive of natural situations."

If you tell them that all youths should be taught the right conduct of the *Instrumentum paratum plantandis civibus,* they cry out: "Nasty—Filthy!"

Such reminds me of Dr. Johnson's reply to an old maid :—

"You have so many nasty words in your dictionary, Dr. Johnson."

"You must have been looking for them, Madam."

Can the scholar and man of the world find anything but hypocrisy in this most immodest modern modesty?

Then there is that puerile, almost laughable movement among certain circles to prevent anyone of the members from publicly instructing on matters of vital importance to the body politic.

This attitude reminds me of children's play:—

"If I can't be captain, you shan't play in my yard—so there!"

Doctors, it is you, most of you, who have cowardly hidden the information that should have been given to the public decades ago.

Why have you been negligent in this matter?

Because you fear; because you have not the individualistic backbone to shake off those musty shackles of tradition which prevent you from giving public utterance to truths.

It is the publicity that you fear will call down upon you the anathemas of the older physicians, and when you get old and secure in your smug practice, you also go along in the old monkish way.

Yes, many of you fear that scrapbook kept by your medical society in which is pasted any and all public mention of your name. You tremble lest the Society will hold this puerile Hurlothrumbo in front of you and warn you that if the awful deed of instructing your fellowmen is repeated, you will be expelled.

Did you ever stop to think that in the cutting out of your name from the daily paper, the judgment in picking out those who should go down in this doom book is frequently left to some woman Secretary?

If so, must not the words of Virgil rise up and make you laugh?—*Varium et mutabile semper femina.*

Get a backbone!

Be yourself, and where you see you can do good—go and do it.

If you can secure the newspapers to get the ignorant mothers in the tenements to read your instructions to them, do so. See that your talk is properly reported. Every decent newspaper will be glad to help you. Editors are sick and disgusted with the medieval attitude of the profession and the hypocrisy which oozes from it.

If you are in a position to enlighten the public on any subject that is for the betterment of mankind, do it. Don't be afraid of professional ostracism. The inelligent public will stand by you as soon as your motives are understood.

Publicity is the method used by unscrupulous men to foist their poisons upon ignorant mothers.

Get in line, Doctor, and by the same method of publicity tear off the foul bandages by which the quacks cover their nefarious schemes.

Better the few jealous professional shrugs and, "Yes, he's all right—BUT—" than a slave in a mental cell where nothing is allowed to come forth except thru the sieve of harmful tradition shaken by those whose backbones are pithless willows.

It is this cowardice on the part of the profession, this fear of being accused of advertising, that brings millions of dollars from the ignorant and poor people to enrich the poisoners of babies, the corruptors of girls and the destroyers of adolescent development.

Mossfell, Westboro, Mass.

Further Remarks on the Official versus the Independent Medical Journal.

Another Year's History.

BY WILLIAM J. ROBINSON. PH. G., M D.

Twelve months have rolled by since I stood before you and discoursed on the important subject of the Official vs. the Independent Medical Journal. This has been an important year in the history of the medical profession of America. Many changes have taken place; policies have become more clearly outlined, men have shown themselves, or have been shown, in their true colors; fears have become certainties and fond hopes which some of us entertained of a perfect harmony have been dashed to the ground and shattered into so many fragments that of repair there can be no question.

Last year in enumerating the weak points of an official journal I said among other things: "The third weak point is of greater importance. I believe that the official journal is not calculated to furnish favorable soil for the growth and development of independent medical opinion, of independent and iconoclastic thought. The organ, as a rule, presenting the opinions of a clique or a dominant few, or of the mediocre majority—the majority is always mediocre and commonplace, tho occasionally it may be enthused into doing a rational thing—those who for some reason or other are opposed to the powers that be, are not likely to get their contributions accepted, they are not likely to have their opinions given the same wide publicity that is enjoyed by the favorites. In short, the official journal is apt to form a kind of bureaucracy, and we all know how dissenters and revolutionists are treated by a bureaucracy."

You will notice that I said: The official journal is *apt* to form a kind of bureaucracy. At that time I merely considered

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*Read at the meeting of the American Medical Editors' Association at Atlantic City, June 3, 1907.

it one of the possibilities or probabilities; it was not yet an actuality. I feared they would form a bureaucracy, but I hoped they would not. Now there are no doubts on the subject. Now we neither hope nor fear; we know. We know that the Journal of the American Medical Association is conducted in the worst, most contemptible bureaucratic manner. I am speaking not from hearsay, but from personal experience. If I sent in anything coinciding with the Editor's views, it was promptly printed. If the contribution contained some criticism of the management of the Journal, it was either rejected outright, or so many obstacles were put in the way of printing it, that I became disgusted and told him to send it back. But worse than that, I was told that even with articles of a purely scientific character, articles that had nothing to do with the management of the Journal or the politics of the Association, Simmons acted in an irresponsible, autocratic manner and rejected papers even of the highest character if they came from physicians towards whom he was not friendly disposed. I could hardly believe that and I decided to make sure. Just at that time I had written a short preliminary paper on the "Use of Pilocarpine as an Adjuvant in the Treatment of Syphilis,"* and I decided to send it to Simmons. After a few days the paper came back, with a printed slip that explains nothing. As I am in the habit of going to the root of things and making sure, I wrote to Simmons and the correspondence may be of interest to you:

Dr. Geo. H. Simmons, May 11th, 1907.
Ed. Jour. Amer. Med. Ass'n.,
103 Dearborn Ave., Chicago, Ill.

Dear Doctor:—

Two weeks ago I sent you a little contribution for the columns of the J. A. M. A. It was returned without any explanation except a printed notice which, trying to explain everything, explains nothing. The contribution in itself is as innocent a one as one can well be. It treats merely of the use of pilocarpine as an adjuvant in the treatment of syphilis. There could be no opposition on any grounds to the article per se. So the reasons for its rejection must be of an extraneous character, and I am very much interested to find out what these reasons could be. The article is a very brief one; it would occupy only about half a page in the J. A. M. A. The subject has not been treated of previously in the columns of the Journal, the article is written in correct and intelligible English, it doesn't offer any wild theories, nor does it give reports of wonderful cures, etc.; so what could the reasons be?

*Was published in Medical Record, June 15, 1907.

I am unable to find any reasons except one. That is, personal animosity of the editor towards the writer of the article, and I am certainly interested to find out whether an editor of an official journal has a right on account of personal animosity to deprive his readers of scientific articles which may be of value to them.

Trusting to hear from you,

Yours very truly,

William J. Robinson.

P. S.—On receipt of the paper from you I sent it in to another high-class journal and it was at once accepted with thanks, as I knew it would be by any editor who has no personal feelings against the writer. The entire subject of the relationship of an editor of an official journal to articles from contributors is an interesting one and will bear free and untrammeled discussion.

Dr. Wm. J. Robinson, May 15th, 1907.
New York, N. Y.

Dear Doctor:—

Your letter of May 11th at hand. Acting in the capacity of Editor of the Journal, it never occurred to me—in fact, it does not do so now—that it is necessary to always state specifically just why we are unable to use all contributions offered. Undoubtedly, your article is all you claim for it, and I am glad to note that it will be published elsewhere, as such contributions are greatly needed to enhance the medical literature of this country.

Respectfully yours,

George H. Simmons.

Dr. Geo. H. Simmons, May 16th, 1907.
Ed. Journal American Med. Ass'n.,
103 Dearborn Ave., Chicago, Ill.

Dear Doctor:—

It seems to me that you are laboring under a misapprehension as to the rights and duties of an editor, and particularly as to the difference between an editor of a private journal and the editor of an official journal. An editor-publisher of a private journal is the court of last appeal. It is his own journal and he has a right to do with it whatever he pleases, the same as a private man has a right to admit or to exclude anybody from his house without assigning any reasons. The editor of an official journal, however, is in a different position. The Journal is the property of the profession and its editor is not the master, but the servant of the profession. It is his duty to print what is of benefit to the profession and he must do it without bias, without discrimination. If the judgment of such an editor were final, the

condition would certainly be a most deplorable one, for he could prevent anybody against whom he has a personal grudge of ever being represented in the pages of the official journal. Of course, you can say that if the editor is shown to be biased and unfair he can be kicked out. So he can. But it isn't always an easy matter to do it, for, first, the machine which put him in the position is generally interested enough to keep him intrenched in that position and, as a rule, possesses enough influence to do so. And, second, not every doctor who is discriminated against has the time, ability, or inclination to go and make a fight.

I therefore ask you, what is a physician against whom the editor of an official journal has a personal grudge to do? It is here where the dangers of an unscrupulous medical bureaucracy lurk and it is by such unjustifiable actions that you give ammunition to all those who are interested in a truly free, unfettered press.

Yours truly,
William J. Robinson.

I am still waiting for a reply to this last letter.

This may seem a joke to you, but it is not. It is a very serious affair. Just think of it: to give into the hands of one man the power to reject any paper whatsoever, without having any recourse, without any right of appeal. The editor may not agree with the promulgated theories, he may not be pleased with the methods of treatment, he may be too uneducated to understand and to grasp the full significance of the paper, or he may not like the writer's nose, or he may have a personal grudge against him—his decision is final. He can prevent a physician from *ever* having his writings appear in the official journal; the profession may thus be deprived of some contributions of the utmost value, but the editor doesn't care. Can such a state of affairs be tolerated? Not by a free profession, when its attention is called to the state of affairs.

And what is true of Simmons is true of Jones and of several of the other smaller potatoes. Once after going thru one of Jones' tirades against proprietary remedies, in which he disclosed a vast amount of ignorance and a still vaster amount of hypocrisy, I wrote to him a long letter in which I showed him his glaring inconsistency; I showed him—and in such a manner that it could not be gainsaid—that some of the advertisements he was carrying were much more attackable than those against which he was vomiting forth his brimstone and fire. Was he man enough to print my letter or even to attempt to answer it? Not he. All he did answer, was to say that he was too busy to take up the question.

And so it is with most of the state journals: Absolutely closed to any independent discussion of the vital questions of the day, absolutely closed to any unfavorable criticism, slavishly obeying the orders from 103 Dearborn Avenue, obligingly printing the reading notices sent out from headquarters and even printing as their own the editorials prepared therein.

But let us look into the advertising pages of the State journals, and their attitude towards advertising in general. Here we will notice an inconsistency that is amazing, an hypocrisy that is nauseating, a scrambling for advertising that is disgusting and attempts at actual blackmailing which are so brazen in their effrontery as to make self-respecting editors gasp!

Some of the official journals have been hitting the independent journals for the proportionately large amount of the advertising as compared with the reading pages. Let us look at Chief Saint of official journalism. The January issue of the California State Journal of Medicine contained 18 pages of reading matter and 40 pages of advertisements. Its latest issue at hand—the April—contains 26 pages of reading matter and 38 pages of advertisements. Is that the ideal of the official organ of a medical association, to have twice as many advertising as reading pages? But it is not only the number of advertising pages that is criticizable—it is the character of the advertisements and the methods of obtaining them.

Some of our official journals have in their well-known spirit of righteousness attacked the Medical Record, the New York Medical Journal, American Medicine, etc., for the advertisements those journals were carrying. But everybody will admit that in those journals the advertising and the reading pages were always distinct and separate and the editors never once used their editorial pages for boosting their journals as advertising media and for blackmailing advertisers. It remained for the State journals to do that. Jones started it, the other journals took it up with growing boldness, until the acme of impudence and brazenness was reached by the Journal of the South Carolina Medical Association. The editorial is too good to miss and I will therefore give it to you here verbatim.

"If drug and chemical houses could be made to realize that the cheapest. best, quickest and surest way of getting before the medical profession of this State is to advertise in the *Journal,* they would all be breaking their necks to get space. The way to make them realize it, brother members, is to tell their salesmen when they enter your offices that they need not ask you to use their preparations if they are not willing to use your *Journal* as an advertising medium.

"DON'T FORGET THIS! Tell it to every
coming down the pike; tell it to them over and over

so beaten into their heads that they will show the houses they represent that they cannot do business in South Carolina unless they can advertise in the *Journal*. DON'T FORGET THIS!"

Ponder this carefully. Note the elevating, inspiring language, the noble humanitarian sentiments! There is no attempt at concealment here, no pretext of any ideals. Beat it into their heads that they can't do business in South Carolina unless they advertise in our Journal! No matter how valuable and well established their products may be, no matter how necessary we may think them for the welfare of our patients, we are not going to use them, unless the proprietors break their necks to get space in the Journal. Kick the salesman out unless they can show that the products they represent are advertised in the Journal. Fine. Noble. Magnificent. Incomparable. *Non plus ultra.* Really, can attempts at blackmailing or boycotting be any more audacious, more open, without getting the perpetrators within the shadow of the law? And this from the official organ of an association of medical men!

Let us now see how consistent the official journals have been in harmonizing their reading and adverising pages. The private journals have been carrying some nasty advertisements; but none of them has ever shown such rank inconsistency, such brazen effrontery in eating its own words. Many of the State journals, while vying with each other in effusions over the work of the Council, carry in their pages products that not only have not been approved, but have been distinctly and harshly condemned; as an example, it is sufficient to mention Antikamnia, which while having disappeared from many private journals, is still gracing or dis-gracing the pages of many official ones.

But it is not only the small State journals that are so inconsistent. The most vociferous quasi-saint of the official brotherhood is the most absurdly inconsistent. In his March issue Jones advises his readers to refuse to use or recommend any preparation that has not been approved by the Council, and in the same issue he carries more than a dozen such preparations in his advertising pages. (See CRITIC AND GUIDE for May, 1907.) And in his April issue, the latest one at hand, he makes a bigger asinus of himself than he has ever done yet. In one of his stereotyped editorials he delivers himself of this anathema: "If you are using 'proprietary' preparations not approved by the Council, you are doing something that is not merely careless or ignorant, ***but is really criminal.***" And in the same issue he carries a full page ad of a well-known preparation which not only has not received the approval of the Council, but has met with its strongest and harshest, tho in my opinion unjustest, condemnation. How Jones can reconcile himself and his readers to such glaring inconsistencies is more than I can understand.

I could extend this paper to much greater lengths and go into finer details. But, first, I do not wish to encroach too much upon the time and impose too much upon the good nature of the Association; and, second, it is not necessary. I believe I have succeeded in showing, that we are justified in stating, that the official journals, generally speaking, during the past year have not been a power for good; to use a somewhat slangy phrase, they have not made good!

They have been, with two or three exceptions, intolerant and arrogant. (The New York and New Jersey State Journals are gratifiving exceptions.)

They have been autocratic and unfair.

They have rejected articles containing any criticism of their management.

They have rejected articles of a purely scientific character if they came from men whom they thought were in any way antagonistic to the machine.

They have scrambled for advertising in an unseemly manner, using their editorial pages to boost their advertising pages and utilizing the prestige of the official journal as a club against non-advertisers.

They have been absurdly, ridiculously, one might say idiotically inconsistent, praising the work of the Council and at the same time carrying preparations condemned by the Council, carrying preparations in their advertising pages against which they railed in the reading pages of the *same issue*.

Such have been the sins of the official journals during the past year. Will they continue in their bureaucratic career or will they reform? The future will tell us that. *Qui vivra verra.*

Before concluding I wish to address a few remarks to the rank and file of the profession. It is a very important point, and I hope that those whom these lines reach will analyze them and ponder them carefully.

There is a concerted movement on the part of the official journals—and the movement is no longer a secret, but is flaunted boldly in our faces—to kill off all the independent journals. Whether the movement will succeed or will prove a dismal failure, we will let the future decide. But let us assume that the movement proved a howling success—that all independent journals had been killed off or had died of athrepsia, and that only the J. A. M. A. and the official State journals were left. Do you know, brother physicians—I am now speaking to the readers, and not to the editors—what it would mean? It would mean the greatest calamity that could befall the medical profession of America. Imagine you have a new method of treatment, a new discovery that you want to announce to the medical world. If that method or remedy does not appeal to the powers that be, you have absolutely no means of making yourself heard. Should you by chance

get into one of the journals and should your statements not meet with the approval of the highest power, a little squib is then written by one of the editors, and reprints of it are sent to all other journals for reproduction, so that the effect of your utterances may be quickly and effectually neutralized. And do you know that if independent journalism were non-existent, any physician who dared to criticize or make himself obnoxious to the powers that be, would have a very hard and miserable life of it? He would be unable to have any of his articles, even of a purely scientific character, accepted by any journal; his books and other writings would be unfavorably commented upon or he would be killed by silence. This is not a mere phantasmagoria; I have simply filled in and completed the picture, an outline of which can be seen even now by those of strong discernment. That not a word of criticism of the management, that no exposé of machine politics, etc., could ever be published, goes without saying. In short, we would have a medical bureaucracy, strong, irresponsible, unscrupulous and comparable only to the Russian bureaucracy before the advent of the Duma. Wouldn't that be the greatest calamity that could befall the medical profession?

Let us hope that this calamity will never overtake us. Let us hope that all the truly independent, liberty loving, clear sighted and far-seeing physicians will unite their efforts, and will make their voice heard thruout the country.

"No irresponsible autocracy, no bureaucratic tyranny in Medicine," must henceforth be the watchword of every physician who wishes well to his profession.

Relation of Sexual Excesses to Nervous Diseases

BY ALFRED GORDON, M. D.,

Associate n Nervous and Mental Diseases, Jefferson Medical College; Examiner of the Insane at the Philadelphia General Hospital, etc,

Sexual excess, altho in itself an abnormal phenomenon, may be accomplished by means of normal coitus or by masturbation.

I. EXCESSIVE NORMAL COITUS

The frequency with which the sexual function may be exercised within physiological limits cannot be estimated, as a certain given repetition of the act may be injurious to one and physiologically normal to another more strongly sexed. The effect upon the system is the only test.

Erection is a reflex act and it is therefore due to the display of the nervous system. Frequent repetition going to excess will undoubtedly irritate the central nervous system to an abnormal degree. Ejaculation, which is the final result

of erection, is controlled by a special centre in the spinal cord. Abnormal irritation of the efferent nerves which convey sensations to the ejaculation centre is therefore expected to lead eventually to a morbid state of the latter.

Much has been said and written on excessive venery as a cause of various nervous diseases and in a number of text books it is mentioned as one of the many etiological factors in organic nervous diseases and even Psychoses.

Careful observation, however, fails to disclose a single authentic record which could corroborate such an assertion. (1)

Sexual excesses may be met with in organic diseases of the nervous system, but only in a very indirect relation to each other. A person who exposes himself or herself to frequent coitus without discrimination is apt to contract syphilis. The ravages of the latter upon the nervous system are enormous. Cerebro-spinal specific infection, tabes, myelitis and paresis—are all diseases developing early or late in the life of an infected individual. But these diseases are caused directly by syphilis and not by the venereal abuse which exposes the individual to the infectious poison.

A priori one would say that a very frequently repeated ejaculation is apt to produce a congested state of the spinal centre for this act. I can recall one clinical fact which came under my observation some three years ago. It was a case of a middle aged individual who practiced coitus ad libitum. He was brought to me by his physician for a continuous erection of one week's standing occurring after a debauch lasting a whole night. This was accompanied by a burning sensation in the genitals which at times was intolerable. The erection was not complete. At first, in order to allay the condition, he had recourse to coitus, but soon found out that the state of congestion became aggravated. The patient did not present a single symptom of an organic cerebral or spinal disease; his station, gait, reflexes, motor power and sensations were absolutely normal. It appeared, therefore, to be a case in which the centre (perhaps centers) for erection alone was in a state of irritation and thus kept up the orgasm of the organ. The patient was isolated, put to bed, and sedatives with warm baths gradually succeeded in allaying and eventually removing the condition. Some writers claim that excessive venery produces an exhaustion of the spinal cord and finally leads to locomotor ataxia. The latest investigations of the pathogenesis of tabes, as well as statistical studies made by highly competent observers as Fournier, Erb, etc., show that this disease, as well as paresis, are caused exclusively by syphilis, altho many years after the onset of the affection. They are the so-called parasyphilitic affections. (2)

If sexual excesses, as some believe, are liable to cause an organic disease like tabes, why is it so rare in prostitutes? If the latter become affected, it is again only in cases with a specific infection.

Paretic dementia is sometimes said to be due to excessive venery, because this symptom is frequently met with in the disease. This idea is decidedly erroneous. One of the characteristic features of paresis is perversion of moral faculties at a certain stage of the disease. Excesses of all sorts, venereal as well as alcoholic, are frequently committed by paretics. It is a symptom of the disease, but not the cause of the disease. The properly collected history of the life preceding the onset of paresis will invariably show the untenability of the above view of some writers.

The most important and constant effect of venereal excesses is a general exhaustion and especially of the nervous system. Neurasthenia is the usual consequence. The latter, as it is well known, is characterized by a sense of fatigue associated with irritability. Any exhausting factor is likely to produce an asthenia of the nervous system. Mental or physical shock, trauma, alcoholic or other excesses, excessive work, protracted diseases—are all apt to exhaust the neuro-muscular system and produce the symptom group of neurasthenia. Venereal abuse is certainly a potent factor, but not especially more so than any of the other causes. On the other hand, in a number of cases that came under my observation, venery was practiced to an unusually great extent and apart from sterility or impotence, no special effect on the nervous system was noticeable. At all events, it is an averred fact that sexual excess does play a certain etiological role in neurasthenia.

The recent acquisition of science in regard to the function of the glands of the body teaches that besides an external secretion there is also an internal. The latter is thrown into the circulation and serves the purpose either of supplying the economy with a material which is antagonistic to some unknown obnoxious elements normally existing in the blood, or else this material is a normal element without which the existence of the organism suffers. Venereal excess naturally followed by excess of loss of semen leads to an exhausted state of the cellular elements of the sexual glands. The invigorating and rejuvenating influence of the testicular juice has been proven on animal and man since the famous experiments of Brown-Seguard. As it is well known, he experimented on himself by introducing into his body the testicular juice of young animals and was thus able to do a considerably increased amount of mental work.

When thru sexual abuse the genital glands excrete and secrete excessively, it is possible that the elements of the internal secretion are either in state of atrophy or otherwise disturbed. The organism will thus be deprived of these important elements, hence must logically suffer. It is not improbable that the asthenic state of the nervous system, described above, is due not only to repeated physical exertion and to the exhaustion of the cerebro-spinal centers, but also to the disturbed internal secretion of the sexual glands which are no more capable to supply the economy with important normal elements.

Besides neurasthenia other functional nervous diseases are apt to develop in the course of practice of venery. Hysteria is a degeneratve neurosis occurring in individuals with a special make-up of the nervous system. They are, so to speak, predisposed individuals. A slight cause is sufficient to produce hysterical symptoms. When persons of this character commit sexual excesses, they are apt to develop hysteria. Here the venery will play merely the role of a predisposing cause to the same extent as any other exhausting factor.

For the same reason, and on the same basis, chorea and idiopathic epilepsy may develop in individuals practicing excessive venery.

II Excessive Venery by Abnormal Means

Masturbation, above all other manifestations of sexual perversion, has been decried by many as the greatest factor in genesis of all possible nervous affections and especially all insanities. This view is radically erroneous and not based upon solid scientific data. It is true that the injurious effects of masturbation practiced to excess are more deleterious and continue to be manifest longer after the habit has been relinquished than in sexual excesses committed by normal means. Nevertheless, there is not one authentic observation proving that masturbation is the direct cause of nervous and mental diseases. Tabetics, paretics, and others whose nervous system is affected organically or functionally may present a history of morbid sexual excesses. In paresis excesses of all sorts are committed, sexually perverted tastes and desires not infrequently exist; masturbation is then the result, but not the cause of the disease. A tabetic, before he lost his sexual power, may have masturbated, and this exhausting act hastened, perhaps, the rapid development of the disease, which existed long before. In paranoia, or in dementia praecox the individual was either a masturbator before the dementia or delusions developed, or the masturbation became a symptom of the diseases because of the diseases. The act of masturbation cannot materially produce a meningo-encephalitis (paresis) or a sclerosis confined

exclusively to the posterior roots and columns of the spinal cord (tabes). Masturbation is undoubtedly an exhausting process affecting the organism generally, and the nervous system particularly. The latter can be affected by it only functionally, but never organically (3). Neurasthenia, hysteria and other neuroses will be observed quite frequently in a masturbator, and, in fact, more frequently than in excessive venery by natural means. The physical and mental exhaustion following the act of masturbation is a well-known fact and when the act is repeated, prolonged fatigue with the entire syndrome of typical neurasthenia will be established. What was said on the preceding pages of the predisposing effect of sexual excesses in general, is entirely applicable to masturbation.

CONCLUSION

Sexual excesses can be considered only as a predisposing cause for functional nervous diseases, especially neurasthenia. Its chief effect is an irritation of the central nervous system which leads to temporary fatigue. The disturbed function of the internal secretion of the genital glands plays perhaps a certain role in the exhaustion. *Am. Jour. Derm.*

Comment. (1) We differ on this point with the author of the paper. We have seen several cases where the most careful anamnesis could elicit no other cause except excessive venery. (2) We repeat here our absolute disagreement with Fournier, Erb and others as to syphilis being the sole cause of locomotor ataxia. (3) Our author still follows the old-fashioned idea of a strict line of demarcation between "functional" and "organic." There is no such line of demarcation. Advanced thinkers believe that every purely functional disease has an organic basis, the latter being too faint to be recognizable by microscope or chemical reaction. Be this as it may, there can be little doubt that a frequently repeated functional trouble will eventually be followed by organic changes.

In conclusion, we will say that while we are very much opposed to exaggerating the disasters likely to follow excessive venery and masturbation, we believe that our author minimizes them too much.

According to Dr. Joseph Price there are more and better reasons for locking a man up in jail while he has gonorrhea, than there are to incarcerate a common murderer. In one case there is only one victim, and that victim is dead, in the other case there possibly to unsexing surgical operations, to lose their lives, or to untold suffering and sorrow as long as they shall abide.

Some Interesting Prescription Incompatibilities

BY WILLIAM J. ROBINSON, PH.G. M.D., NEW YORK CITY.

Prescription incompatibilities we shall always have with us, and there is no subject in pharmacy which is or should be of greater interest to the true professional pharmacist. A thoro knowledge of incompatibilities is a badge of distinction which serves to differentiate the truly professional pharmacist from his soda-dispensing, nostrum-vending, brother.

A person's reputation, good or bad, dies hard and tho I have not been connected with pharmacy for quite some time, I am still almost daily in receipt of Telephonic or written messages requesting my aid in disentangling knotty points in prescriptions.

And from these prescriptions I will present a few to the members of this Association.

(1) ℞ Potassii Permangan.....ʒi
Formaldehydi .....ʒi
Aquae .....ʒvi
S. Apply externally as directed.

You know *a priori* what would happen when such a strong oxidizing agent as potassium permanganate and such a strong reducing agent as formaldehyde are mixed. Both substances are completely destroyed; within a very short time the mixture loses its color and a precipitate of potassium manganate and manganese dioxide is at the bottom. The prescription is absolutely incompatable and should not be dispensed.

I happened to know the druggist who received the prescription and the doctor who wrote it very well. I asked the latter what made him order the two substances together, and he told me that he had a very obstinate case of bromidrosis (fetid sweating) of the feet, that he had read that potassium permanganate was very good for this condition and so was formaldehyde and he thought that by prescribing the two he would make a stronger and more efficient combination. More than once we have had occasion to comment upon the fact that physicians, both young and old, desiring to prescribe a particularly strong combination and get the effect of several drugs, destroy them altogether and get the effects of none.

(2) ℞ Sodii Salicyl.
Potassii Bicarbon, aa.....ʒss
Milk of Magnesia (Phillips)..ʒiii
S. Teaspoonful three times a day.

Sometimes peculiar reactions occur where you least expect them. The druggist who handed me the above prescription told me that it formed an utterly impossible combination. That of dispensing it there could be no question. He said that soon after mixing the ingredients a heavy sediment formed; but the strange part of it was that the sediment was *black*, like charcoal or black oxide of manganese. I was somewhat skeptical; asked him whether he was careful not to bring the salicylate in contact with some iron preparation, iron utensils, etc. He said he took every precaution, made the prescription twice and with the same result. I then, in my laboratory, made up the prescription, and found the druggist's statement correct. The sediment consisted of two portions, one crystalline, the other amorphous, and it was of a deep black. On standing, the contents of the bottle separated into two layers, of about equal volume. The lower layer consists of a somewhat muddy sediment, and the supernatant liquid is *black*, just like ink. As the exact composition of Phillip's Milk of Magnesia is a trade-secret, I am unable to state what the exact reaction is. The prescription cannot be dispensed. Of course we know that sodium salicylate darkens in the presence of an alkali, but it never gets so black, and the reaction does not occur in the presence of the potassium bicarbonate alone.

(3) ℞ Thiocol .....ʒiii
Tr. Ferri Chloridi .....ʒii
Syr. Simpl. .....ʒi
Aquae q. s. ad.....ʒiii
S. Teaspoonful four times a day.

Thiocol is chemically potassium guaiacol-sulphonate (the potassium salt

Presented, by invitation, to the American Pharmaceutical Asssociation, at its last meeting, held in New York City, September 2-7, 1907

of ortho-guaiacol sulphonic acid). Being very soluble in water, it strikes at once a deep blue color when brought in contact with a ferric salt. It is well to inform the physician of the resulting reaction. If he has no objection to the blue color of the solution, the prescription may be dispensed. Nothing poisonous is formed and the therapeutic value of the ingredients is hardly affected. The chances however, are that the physician would order the iron left out. It was so in the above case.

(4) ℞ Sol. Adrenalin Chlor.....ʒiii
Argenti Nitr.....gr. iv
Aquae Destill.....ʒiv
Sig. Inject 3 times a day after urinating.

Physicians have been cautioned a number of times not to prescribe new remedies in combination with other substances, until they have become thoroly familiar with their chemical properties and incompatibilities. The above prescription is worthless. Adrenalin is a very strong reducing agent. It reduces the nitrate of silver, and what is worse, it itself becomes reduced and inert. It is also to be borne in mind that the vehicle in which the adrenalin is dissolved, is a physiologic salt salution. i. e. a o. 7 per cent. solution of sodium chloride, and this will of course precipitate the silver as silver chloride. But, I repeat, even pure adrenalin is incompatible with inorganic silver salts.

(5) ℞ Natrii Iodidi
Natrii Salicyl. .....aa 0.2
Quin. Sulph..... 0.06
M. f. Caps. Tal. Dos. No. xii

I have now before me the box of capsules, or rather of what was once capsules. The contents of the capsules, the capsules themselves, the cotton in the box and the bottom of the latter form one agglutinated mass. And the only trouble in compounding that prescription was this: The druggist triturated the powders vigorously before filling the capsules. The best way is to powder the sodium iodide, mix it with a little althea, then with the other powders (gently) and fill. Under these circumstances there will be no liberation of the water of crystallization.

(6) ℞ Hydrargyri Bichlor ....gr. xvi
Glyco-Thymoline .....ʒvi
Aquae .....ʒiii
S. Mix with two parts of water and apply externally.

This prescription is incompatible. Borax being one of the constituents of glyco-thymoline, the mercuric chloride is precipitated either as mercuric borate or as mercuric oxychloride; this depending upon the relative quantities of the ingredients and upon the order of mixing. I might add here, that very small quantities of mercuric chloride and glyco-thymoline are compatible; the relatively large percentage of glycerin in the glyco-thymoline preventing precipitation.

(7) ℞ Potassii Iodidi.....ʒii
Bismuthi subnitratis.....ʒiii
Strychninae Sulph.....gr. i
Syrupi Simpl. .....ʒss
Aquae q. s. ad.....ʒiv
S. ʒi t. i. d. p. c.

There is a double incompatibility here. The potassium iodide will precipitate the strychnine as strychnine iodide and besides the *red iodide* of bismuth will form. The physician should be consulted with.

(8) ℞ Bismuth Subnitr.....ʒii
Sodii Salicyl.....ʒii
Pepsini puri.....ʒi
Aquae Menthae pip.....ʒiii

It is stated that the bismuth subnitrate gradually turns red owing to the formation of the red nitrosalicylate of bismuth. This has not been our experience. The mixture retains its original white color.

(9) ℞ Zinci oxidi 15.0
Gelatini 3.0
Glycerini 40.0
Aquae 50.0
M. f. pasta

The formula is similar to Unna's "Zinkleim" used so much in the treatment of varicose ulcers, various skin diseases, etc. Unna's formula is as follows:

Zinc oxide
Gelatin, white, aa.....30.0
Glycerin 50.0
Distilled Water 90.0

The gelatin is added to the water, heated on a water bath until completely dissolved, then mixed with the glycerin and the finely powdered zinc oxide is sifted in and well stirred or shaken. The mass solidifies and must be heated before application. It is applied with a brush and in a few minutes a protective

covering forms which may be left on for many days.

(10) ℞ Creosoti .....℥i
Lactis Condensati .....℥iss
Ol. Cinnamomi. .....gtt. viii
Aquae .....ad. ℥vi

Condensed milk makes a good vehicle for creosote. It is best to triturate first the condensed milk with about an ounce of water, then incorporate the creosote and the oil and the rest of the water.

(11) ℞ Beta naphthol 10.0
Sulphuris 20.0
Bals. Peruv. 30.0
Petrolati 30.0
M. f. unguentum

Balsam of Peru is not well miscible with petrolatum and on standing, this ointment separates. It may, however, be dispensed, the patient being instructed to stir the ointment with a glass rod before using.

(12) ℞ Apomorphinae Hydroc....gr. i
Liq. Ammon. Acetatis.....℥j
Sp. Aetheris Nitrosi.....℥ss
Vini Ipecac .....℥ij
Aquae Dest ad .....℥vj
Dessertspoonful 3 times daily.

This mixture turns green very rapidly. It is due to the oxidation of the apomorphine. Some consider the nitrous ether the disturbing factor; I am inclined to think that the fault is due chiefly to the alkaline solution of ammonium acetate. The mixture may be dispensed. While I would not care to administer green apomorphine hypodermically, I would not hesitate to do so per os.

(13) ℞ Sodium salicylate.... 4 drams
Tincture of ferric chloride 4 drams
Oil of wintergreen..10 drops
Citric acid. .....10 grains
Glycerin. .....1½ ounces
Sol. of ammonium acetate up to..... 4 ounces

This prescription shows the value of knowledge of dispensing. If the sodium salicylate is mixed directly with the tincture of iron, ferric salicylate will form and will precipitate. We will also get an unsightly precipitate, if we add the alkaline solution of ammonium acetate directly to the iron. The mixture can, however, be dispensed in a presentable form if made up as follows: Dissolve the sodium salicylate and the citric acid in the solution of ammonium acetate; in another vessel mix the glycerin and the tincture of ferric chloride; then mix the two solutions and add the oil the last thing. The mixture will stand any length of time without changing, even if exposed to heat, cold, or light. In the first solution a small quantity of salicylic acid may separate and this may be filtered out.

(14) ℞ Cocainae hydrochlor....gr. vi
Menthol .....gr. v
Glycerini .....℥i
Aquae destill .....℥i
S. Use with nasal spray

What chemical reaction is the turbidity due to? asks the druggist who sends in the prescription, but the turbidity is not due to any chemical reaction. It is due to the insolubility or very slight solubility of the menthol in the water. If menthol is wanted for a spray in the nose is should be dissolved in some fixed oil. If cocaine is also wanted in the same prescription the alkaloid cocaine should be taken (and not any of the cocaine salts. The alkaloid cocaine is soluble in fixed oils, the cocaine salts are not).

(15) ℞ Protargol 0.5
Aquae destill 200.0
S. Use as an injection as directed.

There is no incompatibility here, but it is necessary to know how to make a solution of protargol properly. Either of the two following ways is satisfactory. Stir the protargol into a smooth, thick paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerin. Or dust the powder evenly upon the surface of the water and allow the fluid to stand without stirring for about ten minutes. It is essential that only cold water be used in making protargol solutions, as with hot or warm water the drug is to some extent decomposed, becomes less active and may even cause irritation.

(16) ℞ Liq. Iodi Compos.....℥i
Liq. Potassae. .....℥iii
Apply with toothpick to (ingrown) toe nail.

The potassium hydroxide combines with the free iodine of the Lugol's Solution, converting it into iodide and iodate of potassium, and the solution becomes colorless.

(17) ℞ Phenyl Salicylatis.....ʒi
Spir. Aetheris nitr.....ʒiv
Tinct ferri chlor.....ʒiv
Glycerini. .....ʒi
Syrupi .....ʒi
Aquae ad .....ʒvi
S. ʒ ss every three hours.

The color of this mixture will depend upon the order of mixing. If the salol is dissolved in the spirit of nitrous ether and then mixed with the tincture of iron the mixture will have a dark violet color. If, however, the salol is suspended in the glycerin and a portion of the water, the tincture of iron mixed with the syrup added, and then the other ingredients, the mixture will have a much lighter and less changeable color.

(18) ℞ Argenti Nitrici..... 0.1
Alypini 0.3
Aquae distill 100.0
Inject as directed

The prescription is incompatible. Alypin is chemically benzoyl-tetra-methyl diaminoethyl isopropylic alcohol hydochloride. There is, of course, a precipitate of silver chloride formed, which is of little value as an antiblenorrhagic. There is now an alypin nitrate on the market, and whenever it is desired to combine the local anesthetic properties of alypin with silver nitrate, this salt should be prescribed.

In Reference to Dr. Holt's Article.

Buffalo, N. Y., Sept. 23, 1907.

Editor CRITIC AND GUIDE:

Dear Doctor—Kindly allow me to say a few words in reply to Holt's article in the September issue, on "Prevention of Conception." I want to apologize for the statement, "Right or wrong, the average man or woman will not submit themselves to the standard of living which the average income permits, with a non-restricted fecundity." I hope the egregious grammatic error was perpetrated in copying or typesetting. It seems to me that the simile involved in the statement that prevention of conception is third degree abortion is correct. However, I would sooner grant the innocence of prevention of conception than Dr. Holt's comparison of the prevention of a picture, a statue, an opera or a poem. The man who fails to produce such things when he can—of course, allowing for due rest and deliberation—certainly does wrong. (See Parable of the Talents, Matt. Ch. 25.)

Dr. Holt asks: "How can a wholly necessary action be wrong?" I don't claim to be a theologian and am inclined to concede that anything that is necessary from the highest theologic [ethical? Ed.] standpoint is right. But the fact that we say that a thing is necessary does not make it right. There are wide gradations of meaning to the word necessary. Especially in the adverbial form, it often means inevitable rather than strictly necessary. On re-reading my article, I fail to find a passage in which I have stated that the prevention of conception is necessary in the strict sense. Of course, we may say that such a course is necessary in extremely contracted pelvis and various analogous maternal

conditions in which pregnancy would threaten life; but then, as was replied to a workman who complained about his taxes and said "It is necessary that I live," we may say in the words of the magistrate, "I see no necessity for that."

Instead of there being an essential correspondence between necessity and right, as Dr. Holt assumes, there are dozens of instances in which that which is individually or socially necessary, is wrong, according to the doctrines of various religions. For example, every great constructive undertaking or industry, which is necessary to social progress, necessarily involves human life. It can almost be calculated in advance what number of deaths will occur. But the need of the undertaking rather doubtfully makes it right to incur this risk for others.

It is necessary for me to have food, clothes, housing, etc., but does that fact make it right to take them dishonestly when I cannot get them in any other way? [This simile, I regret to say, is entirely out of the way. Doing anything dishonestly injures someone; prevention of conception injures nobody.—Ed.] Human progress has been possible only by sacrificing the many to the few. Does this make it right? Probably, deep down in their hearts, the great majority of physiologists and physicians consider that sexual intercourse is a necessity to the perfect physical and even mental welfare of the great majority of men. But does this make it right when the ideal social conditions are not present?

Illustrations might be multiplied to show that, from the religious standpoint, various things that are necessary for the individual, class, or race, in the sense of furthering its temporal welfare, are nevertheless wrong. The moment one cuts loose from religious dogmatism and from an arbitrary rule of right and wrong, which often involves a sacrifice of comfort, artificial progress or even life, ethics become simply a matter of expediency. This standard of expediency may be very broad, impersonal and altruistic, but, in the absence of a religious foundation, it tends to become narrow, personal and selfish. I don't pretend to prove the correctness of religious dogmatism nor do I overlook the fact that the commonly accepted religion differs in different localities, ages, and groups of individuals. But I do say that when one departs from religious dogmatism, he slips his anchor and is liable to drift until he reaches the very calm, beautiful and easy state of mind in which conscience and desire are synonymous.

In conclusion, without reference to the immediate subject, but in general, I want to make two qualifications to prevent the charge of hypocrisy: (1) I don't claim to be inspired so as to be able to determine just what is absolutely right or wrong nor even what is correct and what garbled in religious dogma. (2) In declaring that a course seems to me wrong, I do not necessarily imply that I always avoid it.

A. L. BENEDICT, M. D.

BOOK NOTICES.

ROENTGEN RAYS AND ELECTRO-THERAPEUTICS. With chapters on radium and phototherapy. By M. K. Kassabian, M. D., director of the Röntgen Ray Laboraory of Philadelphia Hospital, etc. (J. B. Lippincott Company, Philadelphia, 1907; cloth, 545 pages, with numerous illustrations; price, $5.00.) This is a very complete and up-to-date volume on the fascinatingly interesting subjects of the X-rays and electricity. The book is divided into three parts: Electro-therapeutics; the Röntgen rays in diagnosis and Radiotherapy; Radium and Phototherapy. Each subject is handled clearly, understandingly and exhaustively. We believe that the physician who wishes to add electricity and the X-rays to his armamentarium will derive great benefit from a study of this volume.

HEART DISEASE AND BLOOD PRESSURE. By Louis Fougeres Bishop, A. M., M. D. (E. B. Treat & Co., 241 W. 23d St., New York; price, cloth, $1.00.) The book is small—120 pages—but contains numerous useful suggestions and lots of common sense on the vital subject of heart troubles and blood pressure. We agree with the author as to the value of iodides used persistently in conditions of high tension and progressive deterioration of the heart muscle, but we prefer the iodide of strontium to the iodide of sodium. Potassium iodide should be condemned absolutely in such conditions, for potassium is a cardiac poison.

MERCK'S 1907 INDEX. (Third Edition.) An encyclopedia for the chemist, pharmacist and physician. States the names and synonyms; source or origin; chemical nature and formulas; physical form, appearance and properties; melting and boiling points; solubilities; specific gravities and methods of testing; physiological effects; therapeutic uses; modes of administration and application; ordinary and maximum doses; incompatibles; antidotes; special cautions; hints on keeping and handling, etc., of the chemicals and drugs used in chemistry, medicine and the arts. (Merck & Co., 15 University Place, New York.) The present edition of Merck's Index is truly what its subtitle states it to be: a complete condensed encyclopedia for the chemist, pharmacist and physician. It has about twice as many pages as the index of 1896, and is much more complete than the former, for it also embraces all the drugs of botanic origin. The value of this well-printed and well-bound volume is $5.00, but it will be sent free to any of our readers who make the request and mention the CRITIC AND GUIDE.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. X NEW YORK, NOVEMBER, 1907 No. 5

Editorials and Editorialettes.

Thank You.

We believe there is no other medical or pharmaceutical journal that receives so many complimentary letters, so many enthusiastic expressions of approval as does the CRITIC AND GUIDE. For which we are duly grateful. An occasional rose on the thorny path of reform journalism is quite welcome. Our friends will pardon us, if pressure of work occasionally prevents us from personally acknowledging their communications. They are appreciated all the same, and they may be sure of our love vibrations.

No Hope for Nostrums.

No longer can manufacturers hope to be able to mix two or three simple ingredients, christen the mixture with a fancy name and sell it at a fancy price. That time is gone, never to return. If manufacturers wish the medical profession to look into the merits of any new products, they must be able to demonstrate that their product is really superior to any similar combination on the market, and that it really requires more skill in compounding and more apparatus than is found in the ordinary drug store. And as to nostrums, i. e., preparations of secret composition—they do not stand a ghost of a show. The waste-basket yawns for them and for their "literature."

Peruna Tablets—Rejoice!

The philanthropic manufacturers of Peruna have announced to an expectant and grateful world that henceforth peruna will also be procurable in tablet form. They say that the tablets will contain all the medicinal ingredients of the liquid peruna. As the principal or only medicinal ingredient in peruna is cheap whisky—so much so that the hard-hearted internal revenue

officers classify peruna as a liquor, and not as a medicine—we wonder how they have succeeded in incorporating *that* into their tablets. We follow the progress of chemistry pretty carefully, but we have not heard of any process for solidifying whisky.

The Jewel of Consistency—Again.

An editorial in the October issue of a medical journal published in the far West speaks eulogistically of the work of the Council on Pharmacy and Chemistry. Very well. In the advertising pages of the same issue there are *twenty-six preparations* not approved by the council, over half of them having been specifically exposed and most harshly condemned.

Oh, consistency—but why not? In this commercial age, why not be "wise"? Why not be friends with the sheep and wolves? Why not carry water on both shoulders? Yes, it is a good idea. Let us praise sky-high the work of the Council in our reading pages. This will bring us the favor—or at least spare us the antagonism—of the powers that be. But at the same time let us not be over-finicky as to the character of our advertisements, let us take anything and everything we can get, for at all hazards must we not permit our exchecquer to become depleted.

We wonder how many of our good contemporaries will reprint this squib.

Venereal Prophylaxis: A Criticism and a Reply.

Some of our readers, whose morals are all right, but who are not blessed with an excess of logic, have taken issue with us for our editorial on "Individual Prophylaxis" (October CRITIC AND GUIDE). The fear of infection is the only thing that keeps many men in the paths of rectitude and virtue. By giving them a remedy that will positively prevent infection, you take away the wholesome fear, and men will indulge more than they otherwise would. Theoretically this seems plausible, but the fault with this, as with so many other plausible arguments, is that it is not true. We will leave "virtue" out of the argument. For virtue that is such by virtue of fear is not virtue at all. ("That virtue which ever requires guarding is scarcely worth the sentinel" used to say our good friend Oliver Goldsmith). But we deny emphatically that fear of infection serves as a deterrent to intercourse, except in an insignificant, we might say, negligible number of cases. We specialists all know of instances where not fear, but even certain knowledge that infection would follow did not act as a deterrent. We all know people who while suffering with, say a severe gonorrheal epididymitis or suppurating bubo, swear that never again would they expose themselves. A year passes, or two perhaps, and the same patient shamefacedly

comes to you with a brand new infection. We thus see that fear is but an insignificant restraining agent. And when one considers what an indescribable amount of suffering, misery, pain and death would be avoided if the use of efficient prophylactics against gonorrhea and syphilis became universal, one cannot help thinking—and saying—that those who object to the use of venereal preventives are intellectual mollycoddles. They need some cerebral exercise.

I have no hesitation in declaring that the discovery, introduction and popularization of effective venereal prophylactics belongs to the domain of the greatest human benefactions. For preach as we may, there is not the slightest question that for many, many years to come illicit sexual intercourse is going to be on the increase, and *not* on the decrease. Our economic conditions are such that for many years to come marriages will be contracted at a later and later age, and we all know what the consequences are of such a state of affairs.

The greatest European scientists and leaders of the Societies of Venereal Prophylaxis seem to think likewise, for the energies of many of the noblest men are engaged in the discovery and introduction of venereal prophylactics. The question as to a gonorrheal preventive has been practically solved in the introduction of a proper solution of protargol. Not so with respect to syphilis. And one of the greatest of the world's savants, Metchnikoff, is devoting the remaining years of his life to the discovery of a positive luetic preventive. And should his labors be crowned with success—as we have every reason to believe they will be—he will have given the world something even much more important than his theory of phagocytosis. Millions of future generations will call him blessed.

We had finished this editorial when the *Boston Medical and Surgical Journal* for October 24 came to our desk. Speaking of Metchnikoff's work on the abortificients and preventives of syphilis, the *Journal's* Paris correspondent says (and what he says is so important and so *à propos* of our subject, that I will reproduce here three paragraphs in full):

"There can be little question as to the practical importance of this discovery. In spite of the meritorious efforts of the many well-intentioned people who are striving to open the eyes of the young to the dangers of irregular life, and to stem the tide of the social evil, I question whether their results will amount to much. At most will they frighten a few timid neurasthenics away from the Scylla of vice into the Charybdis of self-abuse. For they have here to deal with the greatest factor in life: the whole world revolves about the sexual pivot, and there is no use of shutting the eyes to this fact; what then can their feeble voices really to accomplish in face of a problem of such magnitude as t

"So long as human nature remains as it is, and we continue to be no more than the descendants of father Adam, so long will such men as Metchnikoff be necessary for the public weal. The ingenuity of man will continue to extract different kinds of alcohol from the fruits of the earth, each race according to its climate; and frequentation of the society of Bacchus leads inevitably to a search after other members of the ancient theogony,—Mars, and Venus in particular,—with the results that always have followed, do follow and will continue to follow, *in saecula saeculorum*,—the lock-up, hospital, and physician's office! This is why, at least till further notice, we cannot be provided with too many remedies of the order of Hydrarg., KI, atoxyl and calomel.

In fact, so far from improving, the world's morality seems likely to grow worse, on account of the steadily increasing difficultv of marriage among civilized people. Life is now not easy; to most men the expense of maintaining a family grows apace, and marriages occur at a point in life that is steadily receding. It would seem, then, that illicit intercourse between the sexes can do nothing but increase progressively."

Let our intellectual mollycoddles read the above paragraphs seven times. They may then, perhaps, see the light.

Matrimonial Sterilization.—Zola said, in "Fécondité," that there were twenty thousand women in France who for their own purposes had submitted to be unsexed. Even if this estimate, and the statements to the same effect by Léon Daudet, in "Les Morticoles," and by Camille Pert, in "Les Floriféres," be greatly exaggerated, it is certain that a large number of French women who wish to escape from the burden of motherhood find operators unscrupulous enough to "sterilize" them. The following story, which is told of Tillaux, shows how much a matter of course such proposals must seem in a certain class of Parisian society: A married couple were one day shown into his consulting room. The lady explained the situation, saying that her husband and she were so entirely wrapt up in each other that they were anxious their matrimonial bliss should not be interrupted by the tiresome presence of a third person in the form of a child; wherefore, she added, lowering her voice, her husband had advised her to place herself in the skilful and discreet hands of the distinguished surgeon. Tillaux was taken aback for a moment, but instantliy recovering himself, turned to the husband, who was smiling approval of his wife's words, and said to him: "That is a very happy idea of yours, sir; but as the operation is much easier, less dangerous, and more efficacious when done on the man, I am willing, if you wish, to perform it on you!" Needless to say, the offer was declined. The witty surgeon must have felt a malicious pleasure in seeing the selfish husband go forth a beaten, if not a better, man.—*British Medical Journal.*

THE AMERICAN MEDICAL EDITOR

WITH this issue we commence a new department, which we believe will find favor in the eyes of our subscribers and will be watched with interest by our contemporaries. It will consist of our comments upon the medical journals of the day and of extracts from the most important editorials.

* * *

The *Interstate Medical Journal* belongs to the small coterie of medical journals that still have real editorials. Some journals preserve the name editorial, but they seem to have forgotten the original meaning of the word.

The *Cincinnati Lancet-Clinic,* which was slowly, but surely, dying of dry rot has taken a new lease of life under the editorship of Drs. Kreidler and Strohbach. We wish our colleagues abundant success.

We receive about two hundred journals. Some of them, we shamefacedly confess, we gently deposit in the wastebasket without removing the wrapper. The *Chicago Clinic* does *not* belong to these journals. We read every issue. Why? Because behind the journal is a living, pulsating, vibrating personality. The personality is that of Dr. Geo. T. Palmer. And long may he live. And we might add that editorless journals are doomed. Another decade and they will all be resting in their graves.

The CRITIC AND GUIDE is a pretty good journal, on the whole. It is silly occasionally, but it always means well.

We fear not many of our readers are familiar with the *Albany Medical Annals.* It is a good solid journal, however. "The Medical History of Montaigne," (in the October issue) by Charles Greene Cumston of Boston is exceedingly interesting and will be enjoyed by every cultured physician. Montaigne certainly did not have much confidence in physicians, and we have a suspicion that the physicans of the 16th century did not deserve any.

The editorials in the October issue of *American Medicine* are of particular importance and timeliness. They deal with the Scandal of Expert Testimony, Legal and Medical Insanity, Protection of Society from the Abnormal Man, Brainstorms and murders in fits of passion, the Unwritten Law, the Case of Judge Loving (the drunken wretch who killed an innocent man on the testimony of a worthless daughter and was acquitted by an imbecile and dishonest judge), Mental Exhaustion of Jurors, Premature Exploitation of Medical Discoveries, etc., etc. Certainly a plentiful feast.

Of all the State journals we like *The New York State Journal of Medicine* and the *Journal of the New Jersey Medical Society* the best. They are fair and consistent. Dr. Warbasse and Dr. English are good men.

The Medical Record of October 26 contains two notable articles which are worthy of careful perusal and study. They are: Some Examples of Chemical Synthesis as Applied in the Production of Remedial Agents, by Dr. John W. Wainwright, and Some Phases of Hospital Management, by Dr. S. S. Goldwater. Get this issue and study the papers.

"Independence" in Medical Journalism.

To be truly independent, a journal must, in our opinion, refuse to be limited by orthodoxy. It must accord to heresy a right of free expression, so long as the evidence adduced is not a mere repetition of already disproved allegations or confuted arguments, the language is temperate, and the writer shows acquaintance with the subject as a whole, an appreciation of the position attacked as it is seen from the orthodox viewpoint, and not merely in the distorted vision of an "anti." Nay more, it must be prepared to follow "heresy" and become a "heretic" if convinced.

It must also repudiate the cardinal idea once forcibly expressed in a controversy that we well remember, in the words, "on this subject the profession has long since spoken definitively." The profession cannot speak definitively on any subject at any time. It may think it has done so, but its own history and that of all science amply demonstrates that there can be no such thing as definitiveness in the empirical (or inductive) sciences, since their rulings must always be subject to reversal by new findings until the human race shall have attained to infinite intelligence.

These two factors are as important as, if not more important than the freedom from a commercial bias in regard to a small section of the subjects dealt with by professional journals, viz., that of materia medica, of which alone our contemporary [The W. Va. Med. Journal] appears to take note.

Now, with regard to the first two of these points, we have no hesitation in asserting that from the very nature of things the organization journal must find it very much harder to be truly independent, than does any privately owned journal—with all its alleged "subsidizing" by proprietary medicine makers—in regard to the materia medica. Indeed, on the first of them, it has absolutely no right to be independent, for it is the organ of the majority, pledged to their views, a bounden partisan of their orthodoxy. And even if it had a right, it is quite certain that should it commit itself to what is generally held to be heresy, the majority of its constituents would compel its editor either to

recant—no matter what his inner convictions might be—or to resign in favor of some one more orthodox. Yet the merest glimpse at the history of science, and particularly of medicine, will abundantly demonstrate that many of the most violently opposed heresies of the past, opposed even to the point of bitter persecution, are today among the most orthodox of views. We need only instance Semmelweis and the doctrine of puerperal fever. Had Semmelweis been the editor of an organization journal, how long would he have held office? Where is the independence in that? How many editors of organization journals would dare, tho their convictions led them that way, to challenge the mosquito theory of malaria and yellow fever, to repudiate the propriety of compulsory vaccination, even to deny the usefulness of vaccination or diphtheria antitoxin? And if they did, how long would any of them remain editors? We believe in all these things, it is true; but if we did not, if evidence appeared to us forthcoming cogent enough to make us see that in these instances the "definitive" decree of the profession was wrong, we should not hesitate to say so and no one could depose us from our chair. The worst that could happen to the indeepndent journal under such circumstances would be that individual subscribers, few or many, who felt sufficiently aggrieved, would withdraw their subscriptions. Not so with the organization journal. Its editor would have put every member of his organization who did not agree with him, as well as the organization as a whole, in a false position, as appearing to espouse a doctrine considered by them, individually and collectively, false.

The history of Semmelweis, and innumerable other instances, only to go to show that it would be the blackest of days for medicine should the journal independent of orthodox absolute control ever be blotted out.—*St. Louis Medical Review.*

Therapeutic progress demands a considerable degree of freedom on the part of the profession in the matter of untried remedies, the physician is the court of first resort, and, in case of substantiated clinical effectiveness, the last. The Council may give us a clearer insight into the exact composition; it may hinder extravagant and impossible claims in exploitation; it is primarily opposed to frauds and can legitimately free the field of such. But with power comes a chance for abuse of power, and there is always a chance that arbitrary endeavor to control beyond what is really called for will develop; that medicines with real merit will be branded as frauds, journalists of high aims and honest motives who have dared to question, will feel the mailed hand. We have always believed that remedies without merit could not continue to live, simply because physicians must get results; we have witnessed the exit of a number which could not make good

and we can see others who are marked for a speedy demise. But physicians must be privileged to make clinical trial of new remedies, the pharmacist-chemists constituting the Council may assist us to valuable information as to the exact ingredients, but they can not give us the information which can only be gained by clinical experience.

The campaign against nostrums has done much good, the profession has reason for profound gratitude to the Council for much that it has accomplished. The Association has yet some work to do in the way of purging the advertising pages of some of its State journals which continue the advertisements of some unapproved remedies. And we must confess to an inability to see why "anti-this" should be approved and "anti-that" be denied approval when the representative of the manufacturers of "anti-this" can find nothing better to say of its character than that it is just the same as "anti-that."—*Med. Fortnightly.*

Dr. A. T. Mann, in an interesting article in *The Northwestern Lancet,* concerns us deeply, by telling of the numerous cases in which appendicitis occurs and is not recognized, simulating clinically, attacks of acute indigestion, chronic gastritis and other unseemly things. It is distressing, if, in our wholesale appendicectomizing, we have overlooked any bets; but to be perfectly frank (and this is strictly in the bosom of the family), haven't there been enough rosy, guiltless and perfectly normal appendices amputated during the past few years [yes, there have, Bro. Palmer, and we have seen with our own eyes. W. J. R.], to make up for any real cases we may have missed? One Chicago surgeon, in referring to the work of another Chicago surgeon (in the true fraternal spirit of the day), declares that the first man's indication for hysterectomy was the presence of a uterus. We have sometimes half suspected that a cardinal indication for appendicectomy is the presence of an appendix.—Dr. Geo. T. Palmer, in *Chicago Clinic.*

In all lines of commercial life the evil of substitution has reached such proportions as to demand serious attention. Numerous high-class magazines have instituted an aggressive campaign against this particularly contemptible form of fraud, and the public is being educated to refuse the "just as good" article and accept only the product called for. To the physician, as a purchaser of drugs, either for himself or by prescriptions for his patients, this question appeals with particular force. In the purchase of ordinary merchandise, the substitution of an inferior and cheaper product by the retailer results only in a disappointment and monetary loss. In the purchase of medicines on prescription, however, the health and possibly the life of the patient

is at stake, as well as the professional reputation of the physician. Scientific accuracy in the treatment of disease is an impossibility unless the physician may be assured that the drug for which he calls is invariably furnished.

The point is not whether a certain firm's products are one of the best or whether they are even good. It is right to assume that when a physician calls for a drug made by a particular firm he has found by clinical experience that that drug gives a definite therapeutic effect which he can interpret. It is also fair to assume that any firm putting out a given product that by its quality establishes a demand shall have some assurance that an inferior article will not be substituted when its own preparations are called for. The prevalence of the substitution evil is one of the things that makes pharmaceutical houses hesitate to sell their products under the scientific name, relying on the physician to designate the particular brand of drug wanted. The result is the thousand and one trademarked names that exist to the confusion of pharmacology and the detriment of scientific medicines.—*Journal of the American Medical Association,* Oct. 12, 1907.

Sir Frederick Treves is an optimist of the brightest kind and his recent address at the opening of the isolation hospital at Preston simply rings with gladsome tidings. According to Sir Fred, the day will come when sanitation and hygiene will have wiped contagious and infectious diseases out of existence—when a well-bred man will no more think of dying with scarlet fever, smallpox or typhoid fever than he would of dying of wolf bite in the heart of London. Medical men will abandon their mysterious manner and their long words and extraordinary prescriptions, and our medical bottles may be utilized for catsup and Worcestershire sauce. We may be pardoned if we express the hope that this happy day will not come too suddenly upon us—until we, who are now in the harness, have acquired the gentle art of tinsmithing or having learned some honest trade.—*Chicago Clinic.*

One who has made quite a study of the condition of medical affairs in general has reached the conclusion that quacks have multiplied *pari passu* with the adoption of medical practice acts by the different states, and apparently "in consequence of them."

This will certainly be a blow to those who have all along thought that the disreputables could be driven out by legal enactment. We will be forced to the old reflection that ignorance of the masses, begetting credulity, cannot be governed by legislation because of the fear of invading the "inalienable rights of man;" and that so lang as there are fools to fall prey to knaves, knaves will be about, law or no law. That is, they will find the prey by "hook or crook."—*Clin. Review.*

Leading Articles

Infant Mortality.

BY CHARLES E. PAGE, M. D.

The subject of infant mortality is a very painful one to me, and it has been the chief study of my life for many years past. Forty-two years ago, at the age of 26, I married a healthy girl of 22. Our three children all died, the eldest at five. Our family doctor was one of the finest of men, honorable, sympathetic, and conscientious; but as I have come to know, his knowledge of the hygiene of infancy and of how to conserve life was practically *nil.* It was this sad experience that impelled me to undertake the study of medicine. In scanning the mortality reports from week to week I found that on the average about one-third of all deaths were of children under five, and that about two-thirds of these were of infants under one year. During the heated term of summer the proportion of infants and children dying was still greater. As I noted the way in which the little ones everywhere were treated I found that it was on the same order observed in my first family, and I finally concluded that it must be fearfully wrong. During the past twenty-five years of very busy practice, I have proved over and over again the truth of that conclusion.

Why should we imagine that even the brightest and in general most capable girl could, from simply getting married and having a baby, become at once the mistress of all wisdom as to the nature and needs of new-born infants? But, the family doctor! Speaking generally, it would be about all his practice was worth to insist upon any radical change in the prevailing manner of dressing and feeding the baby; matters that the mother, grandmother and nurse regard as their own affair, and he would thus be handicapped, even supposing him to possess all wisdom along these lines. As I remember our old family doctor never sought to dictate in these matters. He had perhaps learned from experience, as I have since, that only those parents who have suffered the loss of children are anxious to learn and adopt better methods· altho he was a frequent visitor, our babies were stuffed and flannelled to a finish, just as is still going on all around us. Young mothers have no wise teaching as to the proper management of their little ones, and it seems almost as though the middle-aged and older women learn little from experience. Many mothers· make it a question of "playing doll" with their babies, and like the little girl with her make-believe baby they try to see how much clothing they can pile on, making very little difference between summer and winter garb; and, as

for that, we might well consider that in hot, and usually over-hot rooms it is practically "summer" all the year round and, consequently, that these little naturally naked animals should be very lightly draped at all times except when exposed to the cold. As it is, however, the skin is sweltered and, although a true breathing organ, it is "smothered"; and the hotter the weather and the longer it lasts the heavier the mortality.

Of course, bad and over feeding plays its part in this havoc. Babies are apt to be fed as freely in hot, as in cold weather, although none of us at any age can digest and assimilate anything like as much food in summer as in winter; and besides this, adults as a rule, use a very much modified diet in summer, having all the seasonable fruits to fill up with, and this gives grown people a great advantage over babies, especially bottle babies. Another point: babies are kept too much in arms; they are not allowed enough freedom to sprawl and kick and strike out on rug and lawn, their outings being almost exclusively in the baby carriage, sitting bolt upright—an altogether unnatural and mischievous position—and for want of enough natural exercise of arms and chest they don't half breathe; and the muffled skin doesn't breathe at all, and hence there is to a degree actual oxygen starvation. It is of course all the worse if the living and sleeping rooms are over-warm and insufficiently ventilated. If mothers were really wise along these lines their healthy-born babies would have scarcely a higher death rate than kittens and puppies that only die from drowning.

It is not more births but less deaths that is needed to prevent all danger of race suicide. [That's what we have been insisting upon these many years. W. J. R.] Nor, in my opinion, will cooking the baby's milk tend in any degree to promote its health; far from it, since milk is thereby made less nutritious as is true of all foods that are agreeable in their natural state. As for the digestibility of cooked as compared with raw milk, it should be more generally known that the stomach, like every other organ, requires exercise in order to maintain its normal vigor. To use it merely as a tunnel for sluicing either undigested or "predigested" food substances into the intestines is to enfeeble that organ and to promote danger of blood-poisoning from the absorption of putrescent material into the circulation.

My present family consists of wife and five children, the children from five to sixteen years old, and none came anywhere near dying either in infancy or since, having been reared on quite contrary lines from what proved so disastrous with the children of my first wife, who herself fell a victim to the same general lack of hygienic knowledge on my part. During the first ten or twelve years of their life they were always barefooted all the year round, indoors, and during spring, summer and fall, out-

doors. In infancy during the hottest of summer weather they were kept much of the time naked, and always scantily draped while indoors. None of them ever wore flannel underwear, never a belly-band, nor was ever one of them diapered in the sweltering way still in vogue with young infants. Our way of feeding (they were nourished by the breast up till twenty to twenty-two months) and managing made diapers practically unnecessary, except when going abroad during the day. Several diapers placed appropriately better guarded the bed from wetting than when used in the ordinary way, and were more readily changed. The newcomer was placed on its belly in cotton nightgown on a hard hair mattress, no pillow; none was ever put on its back for any length of time, day or night. None was ever in the sitting posture, except for brief periods in the carriage, until well along in months, nor even then encouraged to sit very much. They all crept at a very early age, having been unhampered by clothing and given full chance on the rug much of the time when out of bed. Our oldest, a daughter, now in her seventeenth year, five feet eight inches, 125 lbs, crept at seven weeks. At four to six months they were all climbing upstairs and backing down, the latter trick having been taught them as soon as they reached the point of climbing up.

Our babies were weaned on cows' milk, raw, and Persian dates; at first a single date after the bottle portion. As children the chief part of all their nourishment has been derived from nuts, dates, figs, bananas, and the various juicy fruits according to season. and this is at present the chief part of the diet of us all. The children have always been remarkably free from "colds," catarrhal troubles, digestive disturbances, etc., etc. It is my firm belief that there isn't another family of children in the wide world that enjoy eating, that take their three meals a day, and every day, with such pleasure and satisfaction as this Page quintette, unless they are fed on the same principle. They have no catarrh nor bowel troubles, and the fecal, dejections are not malodorous from putrefaction of cooked stuff, as is so common with meat and mush eaters, and so suggestive of blood-poisoning (autotoxemia), "malaria." typhoid fever, etc., etc. Again, in feeding them on what I esteem the natural diet they eat naturally, requiring no nagging as to the way to eat; no "don't eat so fast," "chew your food," etc., which is so agonizing to both parents and children when it is a question of the ordinary food, as the cereal and vegetable mushes, bread and butter, etc. But this is going deeper into the question of dietetics than I had in mind at the opening of this paper.

None of our children has ever slept in a shut-windowed bedroom, be sure; nor are our living-rooms ever closed to the free ingress of fresh air, as we all hold to the doctrine formulated

by Dr. Felix Oswald as follows: "To save foul air for the sake of its warmth is poor economy." It has been my good fortune to help many mothers rear their babies in comfort and health, not alone in the ordinary capacity of family physician, but by correspondence all over the country and even in England, the little book which has been selling in large editions during the past twenty-five years being the cause of this unusual state of affairs. The chief points to observe in order to give a babe a fair chance for its life are, as I have found, about as follows: food to the extent of the child's capacity for digestion and assimilation, but nothing for mere fatness. All healthy younglings remain throughout the growing age slender; we observe this everywhere. Kittens, puppies, calves, and even pigs are examples of this law. The farmer who understands the secret of raising the biggest hogs never allows the growing pig to become fat; "it stunts his growth," he is apt to say. Other things equal it is the fat baby that melts away and dies and not the slender one.

It is, of course, universally known that the only natural diet of the human infant, and the diet that gives it a strictly fair chance to thrive, is the breast. I believe that the great majority of mothers really desire to nurse their babies, and many more of them would be able to if more natural treatment were accorded them. One grand mistake is very generally made, as it appears to me, that of compelling the mother to remain in bed for a stipulated time, usually about two weeks. It often happens that a mother who feels equal to being up and about in a few days, sometimes even on the second day, is enfeebled by being treated as a bed-ridden sick woman and can with difficulty rise from bed after a fortnight or more of this enforced invalidism. Lying flat on the back, itself an altogether unnatural position, bereft of all exercise, and usually the victim of forced-feeding, like the dairyman's cows "driven" for a big yield of milk, it is not surprising to the thoughtful student of this question that so many mothers finally have to forego the pleasure of nursing their babes because of "complications" for which this mistaken regimen is to blame. One intelligent physican has recently made reference to the malposition above named as altogther bad for drainage, and to my mind this is a point well worth considering.

Clothing: Except when it is a question of guarding the young one from actual cold we should consider its covering as drapery only, and make it as light and of as few layers as possible, so as not to impede its movements of body and limbs nor the free exchange of carbonic acid for oxygen which goes on wherever the blood-vessels of the skin are in contact with the air. I learned long ago that it is safer for any of us, old or young, to be too cold than too hot—to shiver than to sweat—and that the skin's natur-

al physical culture is properly regulated shocks of cold and heat. The more frail and delicate the new born babe the more essential it is to understand and practice this principle. The more robust ones may stagger along under an excessive burden of food and flannels and make a life of it, finally; tho even these are, as we all know, subject to what we have come to regard as almost necessary "infantile diseases," but which in days to come will be regarded as disgraceful to physician and attendants.—*Med. Times.*

Education as an Adjuvant.

E. E. MUNGER, M. D., SPENCER.

The average person knows far more about a steam engine than he does about his own human mechanism, which he uses twenty-four hours every day. He stands in awe beside the breathing, pulsating locomotive and envies the man, who, with his hand upon the throttle-lever, controls its every movement. The engineer watches the engine with a trained eye; the slightest defect calls for immediate attention. The locomotive goes to the round house regularly for inspection and cleaning—not always because it is necessary, but because experience has shown that care of its various parts and prompt repair of any defects prolongs the life of the machine. The engineer of the human engine looks after defects when it is disabled. The average human machine goes to the physican when it cannot possibly go anywhere else. Why? Because people are so densely ignorant of its mechanism that they have apparently no interest in it whatever.

There is no simple saying with so much truth in it as the old saw that "an ounce of prevention is worth a pound of cure." To prevent disease, or, having it, to prevent the complications which so frequently are the disastrous factors, is the aim and earnest endeavor of every true physician. Preventive medicine, for which there are such great possibilities, needs the intelligent assistance of all the people—the rich and poor, the high and low. In order that the profession may have such assistance the Bureau of Education of the American Medical Association has been suggested. Consider what a campaign of education could be carried on with the members of every county society in the United States contributing articles to such a bureau for dissemination thru the press of the country.

A campaign of education cannot be carried on in any haphazard fashion. It must be an organized, concerted campaign.

There is hardly a physican in practice who could not render a service to mankind by "givng publicity to his personal knowledge of the enormities committed by quackery, the injury to health and even destruction of life caused by the use of quack medicines and the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors." In doing this he would simply discharge a duty imposed upon him by the principles of ethics, which, with the decalogue, should be his guide.

I submit that the vast majority of human beings have confidence and faith in the medical profession; that, altho many are lured away by false promises, dire disease finds them knocking at the physican's door, where all who will may enter. This being true, I am constrained to believe that a most effectual method of purging the press of its pernicious medical advertisements would be for the profession to make use of space in its columns for the purpose of educating people along the lines of truth rather than falsehood.

Let us no longer abandon the most important educational medium in this country to quackery. Let us dispose of the enemy at once by taking their stronghold. The conflict will be brief. It will be a paradoxical warfare—in which the killed and wounded will be none and the lives saved innumerable.

On Jan. 18th last, The Chicago *Tribune* called attention editorially to "Epidemics and Carelessness." It said: "Chicago, as well as Evanston and surrounding towns, is now confronting an epidemic of diphtheria and scarlet fever and is seriously considering the means of safety." There were 5,000 cases in the city with a hundred new cases being reported daily. "For some reason the two dangerous diseases have spread with great rapidity. In the case of an epidemic like the one now raging the trouble lies sometimes with the inertness of the authorities, and more commonly with the unreasonableness of parents and guardians. They fail to take precautions for their own sake and that of others—and thus facilitate the free and unimpeded movements of the bacilli throughout the community."

The assurance is also given that "it is hardly possible under existing conditions and with the present development of medical science to prevent epidemics such as are now prevailing among the children. They may be looked for at any time from causes which do not immediately proclaim themselves."

While the above is published once the same newspaper gives prominence to the following advertisement several times a week and fifty-two weeks in the year. It also assures its readers that "*Tribune* advertisements bring results:"

SORE THROAT.

You owe it to your family to have a bottle of tonsiline ready for instant use at the first apearance of sore throat. Tonsiline will positively cure it and by curing it you avoid the danger of tonsilitis, quinsy, croup, diphtheria and other dread diseases. No wonder tonsiline is so popular a sore throat cure. It is made to cure sore throat. When you have sore throat the gateway to the body is sick. Then you need a remedy you can be sure of—one made especially for curing sore throat. Don't delay—tonsiline is the stitch in time. 25 and 50 cents, all druggists.

Truly, there are "causes which do not immediately proclaim themselves that facilitate the free and unimpeded movements of the bacilli throughout the community." Truly, "*Tribune* ads bring results."

What a wicked advertisement that is! Where are the limits to its possibilities for harm? If the newspaper really wishes to prevent such epidemics it can do much by educating its readers to a "sense of responsibility on the part of parent and guardian and how they may co-operate with physicans and school and health authorities." If it must, for business reasons, publish such advertisements, it ought as often, for humanity's sake, to say to its readers:

You owe it to your family and to society to call a reputable physicain at the first appearance of sore throat. It may be trivial, or it may be the first intimation of scarlet fever or diphtheria; it may be a manifestation of rheumatism, or it may be only a symptom of several diseases. The loss of your child's hearing or voice, acute and chronic heart disease, diseased kidneys, or life itself may be the price you will pay for using a cure-all for sore throat. You may be the starting point of an epidemic that will not only blight and destroy the bud and the bloom of your own home, but also decimate the population of the community in which you reside. There is no remedy that will "positively cure sore throat," but there are many remedies which, in the hands of a competent physician, in charge of the patient, will relieve the sore throat, remove the cause and prevent the complications that accompany and follow it. No cure-all "avoids the danger of tonsilitis, quinsy, croup, diphtheria and other dread diseases." Any advertisement which makes such promises is diabolical.

"When you have sore throat the gateway to the body is sick," and the gateway to eternity is open to your child when you learn too late that you have been dealing with a condition in which neglect means death. Whether the paper that advertises such a remedy, or the druggist who sells it, or the parent who administers it, is an accessory to the crime of murder, the Great Judge will determine.

Peruna before a New York Jury.

Lawsuits in New York are long in coming to a final termination. One has recently been concluded which began in September, 1905. About that time Dr. Hartman was selling a good deal of Peruna—much more than he is now—to rural prohibitionists who liked the effect but not the name of alcoholic stimulants. He was advertising Peruna, as he is now, "as a permanent and radical cure" for catarrh. Just by way of contrast between patent-medicine advertisements and court verdicts, a few extracts may be given from the voluminous advertising of Peruna in the *World*, the *Sun*, and other New York papers:

"Peruna cures catarrhal disease of the stomach."

"Peruna cures catarrh wherever located."

"Peruna is a well-tried specific for la grippe."

"Peruna prolongs the life of old people."

"Peruna cures permanently . . . catarrh of the bladder and of the kidneys."

"Peruna is not a stimulant."

In September, 1905, the New York State Excise Department concluded to look into the matter. If Peruna was medicine, druggists could sell it without a license; if it was, the Excise Department believed, nothing but plain booze, then they must have the same license and pay the same tax as a saloon-keeper or any other seller of alcoholic beverages. So agents of the department went into the drug store of Dwight & Nye, in Syracuse, and bought five bottles of Peruna. Then they immediately had Dwight & Nye prosecuted for selling alcoholic drinks without a proper license.

Of course the druggists fell back on Dr. Hartman to defend them. He made a great show of indignation over the suit, but when Attorney Herbert Kellogg, of the New York Excise Department, went out to Columbus to put him under oath and make him testify, he fell back on the formula: "I am advised by my counsel that I do not need to answer that question."

He did contribute, however, one fact of interest in the history of patent-medicine fortunes. He said he had practiced "in all of the States of the Union, excepting those on the Western slope." With true patent-medicine bent for ornate language he described his life as "the itinerant practice."

Interesting, too, in view of the outcome of his lawsuit, was his testimony that "Peruna is a remedy for Bright's disease." Also he swore with pious unction, "there is no whisky in Peruna," and did some artful dodging to get away from Attorney Kellogg's questions as to whether alcohol does not aggravate, rather than cure, Bright's disease.

At the trial of the case, there was, of course, plenty of expert testimony as to the precise chemical contents of Peruna. It de-

veloped that, to start with, nearly three-quarters of it was water, 72.50 per cent. to be exact. Then there was 27.07 of alcohol. Added together, these two percentages don't leave much out of a hundred. As a matter of fact, after the water and the alcohol were removed, less than one-half of one per cent. remained. And of that, half was burnt sugar, put in to give a good color to the raw alcohol and water. All the testimony, under the cross-examining of Royal R. Scott and Herbert H. Kellogg, who, together with William Vanamee, represented the State, was to the effect that Peruna had all the qualities of cheap and nasty booze—that a man could readily drink a pint a day of it, and that *it would have a very irritating effect on the kidneys.* The testimony of the chemists and doctors was all to the effect that the stuff had absolutely no medicinal value.

When it came to putting the case to the jury, the five questions printed were framed by the judge, and the case was given to the jury in that form. The answer to each question was "No."

Q. 1—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of Bright's disease? A.—NO.

Q. 2.—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of acute catarrh? A.—NO.

Q. 3.—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of chronic catarrh? A.—NO.

Q. 4—Is the preparation contained in the five bottles of Peruna produced by the plaintiff, consisting of alcohol, water, and certain drugs, a proper remedy for the treatment and cure of diseases of the mucous membrane? A.—NO.

Q. 5—Was the quantity of alcohol, twenty-six to twenty-seven per cent., contained in the preparation in question necessary to hold the drugs actually put therein, in solution? A.—NO.

Q. 6—Was the quantity of drugs contained in one bottle of the alcohol diluted with water, sufficient in amount, in tablespoonful doses three or four times a day, to produce any appreciable remedial effect? A.—NO.

On this finding, of course, the druggists who sold it were put in the same class as saloon-keepers, and were compelled to pay the forfeiture required of those who sell liquor without a license. The case fixed the status of Peruna in New York; the conduct of it was a thoroly creditable piece of work on the part of the New York Excise Department and its attorneys. Their work should point the way for the proper officials of other States, and drug-

gists who have not sufficient self-respect to throw off their shelves all patent medicines whose main ingredient is alcohol should be taught the lesson that these Syracuse druggists learned to their cost. Since so much trouble has been made for Dr. Hartman by State and Federal collectors of whisky taxes, he has tried to take his "Peruna" out of the class of nasty whiskies by changing the formula.

As to the further plans of the department, there is hope and encouragement in the following extract from the recent annual report of the Excise Commissioner:

"A very serious abuse exists in the sale of the so-called proprietary and other medicinal preparations, known generally as 'patent medicines.' There is among advocates of high license, local option, temperance reform, and prohibition a wide divergence of opinion concerning the sale and use of liquor as a beverage, and as to the wisest regulation of the traffic by the State, but there should be no division of sentiment regarding the right and duty of the Legislature to prohibit unconscionable manufacturers from fraudulently putting on the market an inferior grade of liquor, under the respectable deceptive mask of curative medicines, in order to deceive the people, and, thru their credulity and fear of sickness, create a demand and appetite for liquor in men, women and children, who could be induced to take it only as a disguised intoxicant, and in absolute ignorance of its true character. For the good of the State, and the physical and moral welfare of her citizens, this outrageous fraud upon the weak and helpless should be speedily suppressed. I am aware of nothing done by the liquor dealer that compares in heinousness with the dastardly methods practiced by the manufacturers of dishonest remedies, or that is more dangerous to public morals. The State should protect our people, druggists and the medical profession against this iniquitous sham."—*Collier's.*

Homeopathy and Regular Medicine—a Reply.

BY JOSEPH H. LOPEZ, M. D., PHILADELPHIA.

Kindly permit me thru the CRITIC AND GUIDE to refer to Dr. Wilhelmus B. Robinson's article (Sept., '07) on "Homeopathy and Regular Medicine," in which he roasts me in an interesting way for my comments (August) on Dr. Cabot's paper in the June, '07, issue.

Whilst we differ with many of the views expressed by Dr. Wilhelmus B., we must give him credit for his straightforward American style of give-and-take; and by his candid admission, that there is nothing homeopathic in vaccination or antitoxin, he proves himself to be honest and sincere, and a true "homeo" with the courage of his convictions. This is in marked contrast to the

bleatings of the blatant patent reversible hybrids who profess to be homeopaths as well as regulars and claim everything in sight; but are regarded with contempt by both Schools.

As correctly stated by Dr. Wilhelmus B., Homeopathic physicians are graduates of legally incorporated medical colleges, and duly licensed or registered and entitled to add "M. D." to their names and sign death certificates. So also are the Osteopaths, Eclectics, Veterinarians, Electropaths, and graduates of the University of Philadelphia, Payne's College of Medicine, and the Pennsylvania College of Medicine (now extinct); and under the ten-years clause of the Medical Registration Act, any one else who under oath would admit at the time of its enactment that he has practised medicine without a diploma for ten years, could be licensed to continue humbugging the public with all the rights and privileges of the qualified graduates of medicine; and they would all like to be classed as "Regulars."

The law altho somewhat defective, has already produced good effects, for now all medical students will have to study medicine to pass the State Board examination; which was not necessary in order to practise the dogmas of similia or high potencies, as it did not matter what you gave or gave it for, as long as you did not give enough to produce any effect on anything; and the only requisite was a copy of Hahnemann's Dream Book from which to match symptoms such as "horse radish for a bay horse," "boneset tea for fractures," "dogwood for hydrophobia," "catnip for the pip," "elaterium for nymphomania," "bed-bugs for insomnia," "parsnips for impotency" and so on.

We must admit that the selected homeopathic gems at least are not regarded as dew-drops from heaven, but all the same, the Doctor says he has used seven of them from one of which he obtained marvellous results, which we do not doubt, judging from the history of the case. In referring to Psorinum he informs us that the pus caused by the itch insect, an acarus, was from the arms and hands of a healthy negro and not from the toes as was stated. This point may be of some interest to the negro, but hardly to the patient.

An extraordinary case reported by Dr. Wilhemus B. was a sarcoma he claims to have cured with "Calcarca," the middle-layer of the oyster shell, in doses of one hundred billionth of a grain. Now, Doctor, to be candid with you, we would rather believe that a toy pistol could demolish a thirteen inch gun battery, that the flash light of the fire fly was more brilliant than the sun, that pop-corn could make the earth tremble more than an old fogy earthquake, that they could dig the Panama Canal with a feather, or that one drop of water if well diluted could move the bowels of the earth, than in the oyster shell cure.

However, a Homeopathic Journal at hand of recent date (September, '07) says that "Homeopaths cure by using certain remedies in a highly potentized form, where all traces of the material have vanished and only the "spirit like" power of the substance remains; which may have occurred in your case.

Whilst imbued with such doctrines, Dr. Cabot of Harvard and others, would have us consult with Homeopaths, because some of them are good fellows socially! Why, of course, some of them are. Two of my next door neighbors and others of my acquaintance certainly were, and our social relations were always pleasant, without consulting on or referring to medical subjects. And I would be glad to swap yarns with Dr. Wilhelmus B. Robinson over a cigar in the same way. But as to consulting—excuse me.

Homeopathy, the "new school," is about as scientific as the "cuckoo" of a clock which amuses children and charms women of both sexes, by flopping its bogus wings and cuckooing like a bird. But it is neither a bird nor a clock, it is only an echo, a waste product of the clock. But they would have us believe, that their tootsy-wootsy pinky winky granules are the ball bearings on which the world revolves.

Soluble Iodine.

The Burnham Soluble Iodine Co. objects to our characterization of their product as a nostrum and make the following statements to which, believing as we do in hearing the other side, we give space in our columns:

It has always been our aim to co-operate with physicans and druggists in every way possible. Burnham's Soluble Iodine is advertised to physicians only. The literature around each bottle is intended merely as a greater safeguard against substitution. The packages are nearly always opened by the pharmacist as prescriptions are generally written for it in aqueous media, or in combination with other drugs. If there is any more legitimate and ethical preparation than Burnham's Soluble Iodine on the face of the earth we would like to know what it is.

The definite iodine strength of our preparation is 3½%. A small amount of hydriodic acid is apt to form in time, which, as you know, is the case with any Iodine solution but we do *not use in its manufacture either hydriodic, or any other acid, neither do we use an alkaline salt or glycerin.*

It is true that very large doses of our product are not often required, absorption being complete, but if it is necessary, to produce results, it can be given with perfect safety, in such doses that the equivalent Iodine quantity, represented by the formula given by you in the CRITIC AND GUIDE, as well as the substitute offered by the A. Ph. A. (Phila. Branch) would surely produce a toxic effect.

NEW REMEDIES AND DIETETIC PREPARATIONS.

No remedies or foods will be admitted to this department that have not been approved by the National Bureau of Chemistry, Pharmacy and Food Analysis.

Meatox.

This new beef preparation is a real addition to the list of dietetic products. It is not a beef extract, but is dry beef in granulated form and contains a larger percentage of proteid than any preparation with which we are familiar. According to several analyses which are in close agreement the percentage of proteid ranges between 75 and 80 per cent. The product is entirely free from preservatives—the most careful analysis having failed to disclose a trace of any. The flavor and taste are those of celery and will be found acceptable to most palates. Dr. Stanislaus, dean of the Medico-Chirurgical College of Philadelphia (Department of Pharmacy) states he considers meatox "the most wonderful exponent of the modern nutrients extant. It is practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products." The product deserves a careful and extended trial at the hands of the American medical profession.

The Type of an Ideal Ethical Proprietary.

For any new proprietary remedy, advertised to physicians exclusively, to achieve success nowadays, it must answer two requirements. First, it must possess real merit, being superior indeed to similar preparations already on the market; second, it must be advertised in a non-offensive, dignified and truthful manner. Chologestin, the molagogue digestive recently introduced to the medical profession, is in our opinion the type of an ideal ethical proprietary, and is therefore bound to achieve success. Its theapeutic value is beyond question, its complete formula, qualitative and quantitative is freely published and every bit of its advertising is so chaste, so dignified, so scientific, that it cannot fail to carry conviction. We gladly recommend the product to our readers for trial and investigation.

Dr. G. W. B. We know nothing for or against the Wheeler Sanatorium Co., for the treatment of cancer, but their advertising matter looks mighty "fakey." Keep your money and your patients.

Dr. Pettey's methods are apparently proving successful in the treatment of drug and alcohol habitues. He is spreading out. He has just opened another retreat in Atlantic City (3303 Pacific Ave.) Dr. Wm. L. Ridgway is the medical director. All of Dr. Pettey's retreats are conducted in a strictly ethical manner.

Letters to the Editor.

Dear Dr. Robinson—I want to congratulate you on your success in doing what I am trying to do—to edit a live, active, personally edited journal.—Geo. Thos. Palmer, M. D., Editor *The Chicago Clinic & Pure Water Journal.*

Dear Doctor—A sample copy of the CRITIC & GUIDE having been read with much pleasure and profit, I gladly enclose $1.00 for same. Compared to food, I would say that your practical information is good nourishment; your boldness and candor on ethical points act as a rich wine, enabling a man to break away from Mother Grundy and giving him courage to stand alone if needs be. Wishing more power to your elbow (in a writing sense), fraternally, Frank T. Brough, Ph. G., M. D., 39 W. 25th Street, New York City.

Dear Doctor—A year ago a mother of four children, the eldest barely five, came to me to find out a preventive for conception. I gave her the best I knew but there is another baby now and a mother with beginning tuberculosis. Is it any wonder? And just the other evening I was present at the fifth arrival in another family in which there is only one in school, and the mother's lament was: "If I only knew this was the last." God bless you in your crusade, and if I were a good Methodist, I would certainly hallow "Amen" to everything I have read in the CRITIC & GUIDE. Fraternally yours, F. W. Stewart, M. D., Colfax, Iowa.

Dear Doctor—I have perused the sample copy of the CRITIC & GUIDE and am well pleased with it. I think you have struck the key-note in many places. Undoubtedly, your journal should be found on the table of every broad minded physician in the land. Yours very truly, L. D. Brunton, M. D., Hartville, Mo.

Mr. Editor—Enclosed find $1.00. Some time ago a sample copy fell into my hands and I was so impressed with the freedom and fairness with which the various subjects were discussed, that I desire to become a subscriber. Many of the subjects touched upon have, during the 20 years of my professional life, attracted my attention and occupied my thoughts—things that are said to be slightly unorthodox perhaps—but which those who are really interested in the welfare of their patients and the public generally, realize to be of vast importance. The "prevention of conception problem," while studiously avoided by most members of the profession, had about as well be allowed to receive the attenton its merits, and which the near future will accord to it. Yours very respectfully, H. A. Mobley, M. D., Vienna, Ga.

My Dear Doctor—Have just *glanced* at your sample copy and herewith hand you $1.50 for the CRITIC & GUIDE AND THERAPEUTIC MEDICINE. The CRITIC & GUIDE is fine. Plain truth plainly appeals to me. Count me its friend. Yours fraternally, W. Van Zandt, M. D., Dalby Springs, Texas.

Dear Sirs—Enclosed find $1.00 I like your journal very much and think we are sorely in need of more such literature for the profession. Yours truly, L. A. New, M. D., Chicopee, Kans.

Dear Sirs—Enclosed find $1.00. Enjoy reading your little preachments very much and concur with you in many of them. Wishing yourself and the CRITIC & GUIDE success, I am, Yours very truly, Thomas Lamb, 84 Court St., Brooklyn, N. Y.

Dear Sir—Tho my mail is chuck full of medical journals, I am so pleased with your way of dealing with things in general and medical frauds in particular, that I enclose check for $1.00. W. L. Gilbert, M. D., Goodell, Iowa.

Gentlemen—I greatly appreciate the fearless and splendid work the CRITIC & GUIDE is doing, and shall always covet the pleasure of reading all that Dr. Robinson writes. With cordial regards, Sincerely yours, Dr. J. H. Jackson, The Jackson Health Resort, Dansville, N. Y.

Dear Doctor—Your sample copy of the CRITIC & GUIDE before me, and I am glad to know that there is *one Medical Editor* in the U. S. that has backbone enough to say what he thinks, and, as Rip Van Winkle said: "May you live long and prosper." Enclosed please find check. Fraternally, Guy Seward, M. D., Neola, Iowa.

Dear Doctor—I like your style. I believe it is straight from the shoulder. To prove it, I enclose $1.00. Yours truly, Dr. J. S. Turner, 206 Bryson Block, Los Angeles, Cal.

Dear Sir—Enclosed please find $2.00. I am heartily in sympathy with your independence and way of expressing your own thinking. I wish we had more like you. Yours truly, J. J. Lamadrid, M. D., 412 Greene Avenue, Brooklyn, N. Y.

Dear Doctor—I beg leave to acknowledge the receipt of a sample copy of the CRITIC & GUIDE and having read it and discovered that it was alive (something more rare in Medical Journalism than is commonly believed), I naturally wish to see more of it. Enclosed please find check. Yours truly, R. J. Stanton, M. D., 124 W. 116th Street, New York City.

My Dear Sir—A copy of the CRITIC & GUIDE to hand a few days ago, and it afforded me inspiration to read the writings of one who knows something, and has the vim of heresy and the courage of doubt. Enclosed please find M. O. for $1.50. Very respectfully, U. N. Mellette, M. D., Holdenville, I. T.

Dear Dr. Robinson—I enjoy the CRITIC & GUIDE and wish to further your endeavor to root out error no matter of how long standing or how firmly intrenched, expose bigotry and sophistry regardless of whom it may emanate and to promulgate the truth. Long life to your journal that has no fears and asks no favors. Enclosed find $1.50. Yours truly, R. L. Montgomery, M. D., *Marlow, I. T.*

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D, EDITOR.

1 year, $1. - Single copy, 25c. - Foreign, $2.00;

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. X NEW YORK, DECEMBER, 1907 No. 6

A Remedy for Pessimism in Medicine.

Our civilization is not perfect. There are many things to find fault with; many facts are disheartening to the thinker and humanitarian; it seems that we should be further ahead than we are. But if we are inclined to fall into pessimism, the best remedy is to compare the present conditions with those of a hundred or fifty years ago; we will then see that not only is there no reason for melancholy pessimism, but, on the contrary, there is every cause for thankfulness and for rosy optimism. The foregoing applies to medicine with special force. Occasionally we come across well meaning gentlemen, both lay and medical, who take delight in pointing out the short-comings in medicine; they show us that we are still unable to cure this disease and that disease, that we are still unable to make a differential diagnosis between this condition and that one, and so on. Such statements should not make us despondent, tho they be perfectly true. Comparing the condition of medicine to-day with that of fifty years ago, in almost every department we will find tremendous progress, and, instead of growing pessimistic we will see that we have a thousand causes for congratulation and rejoicing.

Let us take a single example: the revolution produced in general surgery, and in all the specialties in which surgical procedures have to be resorted to, by the introduction of antisepsis. Things that we see every day do not excite our wonder and admiration, no matter how wonderful they may be. We are no longer thrilled by the telephone and phonograph, by the Roentgen rays. In a short time we shall read our Marconigrams with the same indifference that we now read cablegrams and telegrams. And so in surgery. We are so used to seeing the most extensive operative wounds, amputations, etc., heal without a single drop of pus, that not only are we not surprised at it, but we expect it as a matter of course; the contrary occurrence would bring reproach and contumely on the head of the surgeon responsible for it.

But how was it before the introduction of antiseptic surgery—only thirty-five years ago? Why, as Velpeau said, "a pinprick was a door open to death; that open door widened before the smallest operation; the lancing of an abscess or a whitlow had such serious consequences that surgeons hesitated before the slightest use of the bistoury." Wound infection, pyemia, septicemia, and erysipelas were the horror of the surgical wards, and carried off their thousands. But a great man—or, rather, two great men—came, and lo! everything assumed a different aspect. "Wounds were found to heal without inflammation, suppuration, or constitutional disturbance; compound fractures and dislocations were robbed of the former dangers which surrounded them; large chronic abscesses connected with diseased bone were proved to be no longer incurable; arterial trunks were ligatured in their continuity without fear of secondary hemorrhage or other mishap; joints opened, whether by accident or by the surgeon's knife, healed without a disquieting symptom; ununited fractures were treated boldly by removing the ends of the fragments in open wounds; and excursions were made with success into regions which up to that date were looked upon as forbidden ground" (Cameron). The brain, for instance, was considered sacred and inviolable; the boldest surgeon did not venture to explore or operate in that field. Gunshot wounds of the intestines were also considered beyond the pale of surgery, beyond human help. And what a change has taken place!

Besides enlarging beyond the boldest expectations the field of surgery, antisepsis and its direct descendant, asepsis, have conferred another benefit upon the human race, which is not sufficiently considered or generally recognized. We refer to the dimunition or entire abolition of pain *after* operation. Before the days of antisepsis, the pain in the suppurating wounds was as much dreaded as the pain during the operation; and it lasted much longer, frequently contributing toward a fatal issue, by producing insomnia, anorexia, and otherwise racking the nervous system. And what anesthesia has done in abolishing pain *during* the operation, antisepsis and asepsis have done after the operation; for the most extensive wounds, if perfectly aseptic, heal without any pain worth speaking of or worrying about.

We see what progress, what genuine advances have been made in surgery and what benefits have been conferred upon mankind by a single method. Were we to go thru each department of medicine, we would see that everywhere the advances have been as great or nearly as great. So, instead of kicking and grumbling and sneering at medicine, let us be up and doing and look forward with hope and confidence. The future has great things in store for us—if not for us, then for our grandchildren, surely.

The Lodge and Medical Aid Society Evil.

Our readers well know that we consider the mass above class; that the welfare of the public in general is to us paramount to that of any profession, even tho the profession be one to which we may happen to belong. If a thing benefits the public at large then let us have it regardless of whether it benefits or injures the physicians, the pharmacists, lawyers, etc. *Salus publica suprema lex.* Lodge practice and the medical aid societies which have been spreading so rapidly of late are an unmitigated nüisance. They injure the dignity of the medical profession and threaten the very existence of respectable physicians and pharmacists. Still if I thought they were a benefit to the people at large, I would not condemn them. But they are not. They are a fraud upon the people and are a menace instead of a benefit to the public health. Whoever has seen a lodge or particularly an aid society doctor examine a patient will not doubt this assertion for a moment. The most negligent, superficial examination, no attempt at discovery of the etiology of the trouble, no attempt at diagnosis —in short, in many cases charlatanry of the worst sort. Cases which if carefully diagnosed and properly treated might be promptly cut short are allowed to become chronic and incurable. And the treatment that is given—the less said the better. The medicines must be cheap at all hazards, for the chief profit must come from the 25 cents which the patient pays for each prescription. But bad as this treatment by contract it, it is also expensive. The poor always pay as much for shoddy as the well-to-do do for wool, and so it is in this case. The poor devil thinks he gets treatment cheap, but in reality he gets cheap treatment which is in the end more expensive than regular medical treatment. I have seen three prescriptions which a contract doctor gave a patient and for which the latter was charged seventy-five cents. The prescriptions consisted: No. 1, 6 Calomel tablets; No. 2, two ozs. mistura rhei et sodae and No. 3, six ozs. of lime water. And very often after numerous visits to the doctor and after innumerable prescriptions at 25 cents per, the poor patient is obliged to consult a respectable physician, who gives him a more or less thoro examination and takes some personal interest in the case.

No, lodge practice and the medical aid society ought to be abolished and for the following reasons:

1. They lower the dignity of the profession of medicine.

2. Without any corresponding benefit to the people, they interfere with the means of existence of respectable physicians and pharmacists.

3. They encourage careless, superficial examination and slipshod treatment, while the practice of medicine to be of benefit requires a man's highest attention and ability.

4. Such careless practices do not benefit but further endanger the people's health.

5. In the long run the treatment, instead of being cheap, is more expensive to the poor than treatment at the hands of regular physicians would be.

To summarize: Lodge and medical aid society practice is an evil because it conduces to slipshod practice and injures patient, physician and pharmacist alike. And for this reason strenuous efforts should be made to abolish it. Whether such efforts at the present time would prove successful in another question.

A Word for the Detail Man.

It is becoming the fashion of late with some members of our profession to treat the detail man, the "drummer," who brings to our notice samples of new preparations, etc., discourteously, brusquely, nay, even roughly. More than once have we read lately how a physician showed the "glib smooth-tongued drummer" the door, told him to get out, etc., and the physician narrating the story thought he was a real hero, for he related the story with boastful pride. We do hope that readers of the CRITIC AND GUIDE will not be guilty of such boorishness and ungentlemanliness. It is true that the detail man of former days was apt to be a conceited chatterbox who thought he knew it all and he was apt to treat the physician in a patronizing manner, giving him a fatherly lecture and telling him how to treat his patients. On such a man you had to sit down once in a while. But times have changed. As far as I can see, the majority of detail men are cultured gentlemen, possessed of tact and good manners, who strictly attend to their business and try not to take a minute more of your time than they have to.

I therefore trust, that all who read the CRITIC AND GUIDE—and who does not?—will treat the detail man kindly and courteously. Remember that the detail man or special representative is a human being who is just as much entitled to make a living as you are. Remember further, that in spite of your ability to make or write your own combinations—an ability which of course I do not doubt for a moment—in spite of your superlative knowledge of pharmacology and materia medica, there are quite a few things which you may learn from the humble detail man. The most successful physician is not the one who sticks to opium, belladonna, calomel and spiritus frumenti.

Strange rumors to the contrary, there are some good things among the new preparations, and nobody can bring them so forcibly to your attention as the detail man. Therefore, again, treat him kindly. I do. And I am almost as busy as you are.

P. S. Also remember that a smile is sometimes worth a million dollars and doesn't cost a cent.

Correspondence with a Fake Nostrum Concern, and a Moral.

We reproduce below two letters from a nostrum concern, together with our reply. It would hardly be worth while to bother our readers with such an insignificant fake as the Ozark Medicine Co., for there are thousands of similar concerns in this glorious country of ours, but we wish to point out a certain moral, a moral of great significance at the present moment. We reproduce the letters verbatim and we ask you to note the grammar and the spelling:

OZARK MEDICINE Co.,
Capital $200,000.00
Office, 320 Boonville Street
Reference—Dunn's Report and any Bank in Springfield
Free—Absolutely Free Medical Advice to Our Customers.

Springfield, Mo., Oct. 26, 1907.

To the Publishers of CRITIC AND GUIDE, New York.

Dear Sirs—We inclose an advertisement from a cut which we would like to arrange to run in your paper on our remedies. Let us know what you would charge for one year and also if you would take an assortment of the goods in payment for the advertisement.

We would want to add a line. "We send physicians samples free."

We would be pleased to hear from you.

With best wishes,

Ozark Medicine Co.
Dictated by— S. A. Haseltine,
Sec. & Gen. Mgr.

October 30th, 1907.

Messrs. Ozark Medicine Co.,
Springfield, Mo.

Gentlemen—Your favor of the 26th to hand. You are apparently not familiar with the character of the CRITIC AND GUIDE or you would not have sent us your letter. Not only would we not print your advertisement in exchange "for an assortment of the goods," but we would not print it even at the rate of $10,000 per page, payable in advance.

Your preparations are evidently (as seen from your statements, circulars, etc.) nostrums of the commonest character. You go with your preparations directly to the laity and then you have the impudence to ask the profession to use and prescribe them. This is certainly lovely.

We had hoped that the propoganda against nostrums started by the CRITIC AND GUIDE and then taken up by the *Journal of the American Medical Association, Ladies' Home Journal,*

Collier's Weekly, etc., would give the nostrum business the *coup de grace*, but apparently our work is not done yet.

Yours truly,
CRITIC AND GUIDE.

Springfield, Mo., Nov. 1, 1907.

The Critic & Guide,
12 Mt. Morris Park, W.,
New York City, N. Y.

Dear Sirs:—

Your favor of the 30th received noted.

A proper Critic and Guide should have a knowledge with reference to what they criticise and should know something about the path they propose to point out as a guide. You say, "evidently your propositions [preparations. Ed.] are nostrum etc." without giving them a trial or taking the judgment of hundreds of physicians who are using them in their practice today with the best results.

You are evidently aware that the editor of the *Ladies Home Journal* after he had made war upon patent medicine, investigated the prescriptions of the best drug stores given by the best physicians in Philadelphia, New York and Boston and found that a very large percent of all the prescriptions by the best ethical physicians sent to the best drug stores to be filled prescribed so called Proprietory or Patent Medicines. Some as high as 70% of all the prescriptions were for these Proprietory remedies. The lowest of any was one Boston drug store that run as low as 38% of all the prescriptions by the best ethical physicians. Hence, if you remember he used the term "White Sepulcher Filled With Dead Mens Bones." with reference to the men who were claiming to cry down patent medicine. More than half of the prescriptions written by the best ethical physicians in the United States call for patent or proprietory remedies. Hence, this fight against patent remedies by those who know nothing about it it without foundation and the Critic & Guide is evidently one among those who know nothing about the remedies which they decry and begin the tyranny by saying *"Evidently your propositions are"* etc.

We are in hopes that the hyprocritical part of the medical profession will get another bump as they did from the editor of the *Ladies Home Journal* until they will stop their hyprocracy in decrying the remedies which they are using.

With best wishes,

Yours truly,
Ozark Medicine Co.
Dictated by— S. A. Haseltine
Sec. & Gen. Mgr.

You have read the Ozark letters and we hope you have enjoyed them. Here we have an example of utter ignoramuses, incapable

of writing an English sentence correctly, and without even a pretence at medical education, freely and openly treating people for dangerous diseases.

On the letterhead the Ozark gentlemen guarantee to cure (!) "Grip and Colds in one day, Headache in a few hours, Biliousness quick, Stomach, Liver and Kidney troubles, Dyspepsia, Indigestion quickly, no matter how bad; Erisypelas quick, all kinds Skin Eruptions, no matter how old sores, Draws Poison, Fresh Cuts, Weak Eyes, Sore Eyes, Granulated Lids." All these diseases the Ozark Medicine Co. *guarantee to cure* quick! And our lax laws permit them to prey upon a gullible, ignorant public, to make the sick sicker, while filling their coffers. But this is not the point, for we have commented upon this subject more than once.

What we wish to call attention to is the impudence of the nostrum manufacturers in claiming that many physicans also prescribe "patents." More than once recently have we had to listen to the reproach that 75 per cent. of all physicians' prescriptions call for patent medicines. And the nostrum manufacturers find apparent justification for their assertions in such articles as the one of Mr. Bok, to which the Ozark people refer. Now, Mr. Bok is a nice young lady and he knows how to cater to the brains of "fluffy ruffles." We also gladly admit that he has done good service in the battle against nostrums. But we are constrained to say that when he undertakes to lecture to physicians as to what they should and what they should not prescribe, he is entirely out of his sphere. He simply does not know what he is talking about for there is strange confusion in his mind between "proprietary," "patented" and "patent medicines." This confusion is deliberately nurtured and fostered by a certain class of bigots, or axe-grinders, to whose interest it is to discredit the progressive physician, who does not wish to be tied by silly rules, who does not care to bow to fetishes, but prescribes whatever he *knows* will bring the best results to his patients.

It is a calumny to say that physicians prescribe "patent medicines." We do not believe there is a physician in a thousand who does. We heard that years ago some physicians occasionally prescribed Jayne's Expectorant, Hood's Sarsaparilla and even Swift's Specific. But such physicians are no more. Physicians now-a-days demand to know what they are presrcibing—and whether they prescribe official preparations or preparations of a certain brand, i. e., proprietary makes no difference, as long as the element of secrecy is eliminated.

If anyone makes the general statement (rare exceptions are always possible) that physicians prescribe patent medicines you can safely tell him that he is lying. For a wonderful change has taken place in this respect within the last
CRITIC AND GUIDE believes that to s
for this change.

A World-Wide Difference.

The physician who speaks indiscriminately of nostrums, making no distinctions between highly ethical proprietaries and fraudulent or common patent medicines, dumping in one heap: peruna, liquozone, Hood's Sarsaparilla, Duffy's Malt Whiskey, Warner's Safe Cure, Hostetter's stomach bitters, bromo-seltzer, Antikamnia, labordine, phenobromate, Gardner's Hydriodic Acid, urotropin, phenacetin, heroin, ichthyol, veronal, adrenalin, colchi-sal, peptomangan, antiphlogistine, protonuclein, mercauro, eucain, alypin, sextonol, cypridol, Fairchild's essence of pepsin, bovinine, thiocol, digalen, etc., etc., etc., has softening of the brain. He should put on a cap and bells and a sign on his back bearing the inscription: I am a dunce.

One might as well put old Dr. Grindle, whose alluring advertisements have been gracing our daily newspapers for so many years with Guyon or Fournier. And truth to say in the minds of some even presumably intelligent laymen there is no difference. For instance, our good and certainly intelligent friend *Elbert Hubbard* thinks that Golden Discovery Pierce, Swamp Root Kilmer, and Peruna Hartman have the same scientific knowledge and are of the same professional standing as George M. Gould, A. Jacobi and William Osler.

What are you going to do about it?

A Funny Food Commissioner.

The Food Commissioner of the State of Ohio, in a recent ruling has taken the position that a preparation sold under a name official in the U. S. P. or N. F. must conform in strength and purity to the standards laid down by these authorities, and further states that no preparations bearing these official titles may be sold unless they so conform, even tho a statement of the variation from these standards is distinctly stated in print upon the label on the package. This is to the effect that Spirit of Camphor must be Spirit of Camphor 1900 and that no other Spirit of Camphor can be sold within the borders of the State. It would not be proper to prepare a Spirit of Camphor 1880 and offer for sale, even tho it was distinctly stated on the label that it was prepared by the formula of 1880. More than this, if the customer *should especially desire* a preparation similar to Spirit of Camphor, or a Spirit Camphor made ½ or ¾ or double U. S. P. strength, it would not be legal, according to his position, to label it "Spirit of Camphor" *altho its standard should be well known to the purchaser and desired by him.* According to the Commissioner, such a preparation must be labeled by a name distinctly different from that recognized by the Pharmacopeia; as for instance, it might be called "Solution Camphor;" but it would be illegal to say "Spirit of Camphor 1880" or "Spirit of Camphor Diluted" or in

any manner to use the words "Spirits Camphor" in labeling anything other than the 1900 official strength.

This is a beautiful example of bureaucracy run mad. Give a man a whip and he is bound to crack it. Many laws, good in themselves, become obnoxious and injurious to the people, for whose benefit they are supposed to be made, because their execution is put into the hands of imbeciles, rascals and grafters. The *Midland Druggist* argues gently with the commissioner, trying to convince him that his position is unsound. In our opinion the Commissioner is simply an ass—or an unmitigated ignoramus and no amount of arguing will avail him anything. According to him, you cannot sell any preparations of the British or German pharmacopeias or of the French Codex, if they differ in the slightest detail from the U. S. P. preparations. According to him physicians cannot prescribe and pharmacists cannot sell, for instance: Tr. Iodi. 5%, or Ung. Hydrargyri, 10%, or Oleatum veratrinae, 1%, or Acidum Phosphoricum, 50%, etc., etc., even if the former distinctly specify and the latter distinctly mark the strength on the label!

Can the stupidity of bureaucracy go any further?

Are Physicians "Drug Dopers"?

The regular part of the medical profession is continually assailed with the charge of being overconservative, and therefore intolerent of new ideas. This is a gross calumny, as far as the liberal portion of the regular profession is concerned. No other part of the medical profession is today more ready—yea, more anxious and eager—to experiment with new or old remedies, to try new methods of treatment, and to apply new or improved instruments and inventions. And it matters not to what "school" the introducer may belong to what obscure corner of the earth he may hail from, so long as his ideas have some common sense in them, so long as his suggestions have elements of plausibility, they are sure to be given a fair and impartial trial. Being tied by no dogma, bound by no self-made artificial law, bowing to no authority, the regular medical profession is free to take and call its own anything that it may consider beneficial for the cure of disease. There is not a method or a force that is not used by the regular medical profession in appropriate cases. The accusation that the regular medical practitioners are drug-doctors exclusively is particularly false. Diet, massage, gymnastics, open air, sun baths, hydrotherapy, electrotherapy, phototherapy, hypnosis, suggestion—all these and other means are brought into use in appropriate cases. But there is where the difference is: scientific physicians are not faddists. They scorn the idea that any one type of treatment is applicable to or will cure *all* disease; they seek to estimate each one at its true worth, and while recognizing

its value in special cases, refuse to consider any of them a panacea. Who, then, in the name of common sense, is likely to prove of more service to his patients—he who has all Nature, with her numerous resources and powers, to fall back upon, or he who has bound himself over to a creed and says: "By this sign shall I conquer!"

Of course, if the new method or remedy has the word "quackery" written boldly across its face; when the claims made for it are in direct opposition to all fundamental scientific facts and even the laws of Nature; in short, when the whole thing is seen to be clearly an attempt to make money out of a suffering public, and to gain the sanction and the prestige of the medical profession in order more readily to make that money, reputable physicians of all schools fight shy of it. Not to do so would mean to fail in their duty, and would deserve for them not the epithet "tolerant," but that of "gullible"—and there is a wide gulf between tolerance and "gullibility."

How the Pure Food and Drugs Act Aids Fraudulent Nostrums.

Rather striking title? You will agree with it when you get to the end of the editorial.

People as a rule think in a groove. The first impression persists. When the pure food and drugs act came into existence it was hailed with delight because it was supposed it would work a revolution in the nostrum business, driving many out of existence. It has done nothing of the kind, while to many of the worst nostrums it has *apparently* given the government stamp of approval. What does the law amount to as far as patent medicines are concerned? If the remedy contains acetanilid, chloral, cocaine, morphine, alcohol, etc., the fact must be stated on the label. Suppose it is stated? That does not hurt the sale of the medicine, except with those who are informed of the injurious effect of those drugs; and the proportion of such is small among patent medicine users. And if the medicine does not contain any of the above mentioned drugs, no statement of any kind is required, while the statement "*guaranteed* under the Food and Drugs Act" gives the preparation a prestige which it did not possess before, and this prestige aids in the sale of the nostrum. In investigating various frauds we often write to manufacturers for samples and circulars. We recently received a nostrum tablet for obesity which guaranteed reduction of fat at the rate of a pound a day, a cure for hernia "by rubbing in the liquid the muscles grow strong and close up the opening of the rupture," a fake which guarantees the cure of the liquor habit in seven days, a "positive cure for catarrh," an ointment which cures cancer and several other fakes, and each one had it printed in large letters:

Guaranteed under Pure Food and Drugs Act. Government serial number ..... Some word their statement in more misleading terms. The poor farmer or unsophisticated person reads the nostrum circular, gets the impression that the government examined the product and "pronounced it good" and pure, and thus the little skepticism which might lurk in the minds of the innocent is dissipated, and the stuff is purchased more readily.

As far as patent medicines are concerned we have no doubt the new law has done more harm than good, for it apparently stamps with its official approvel the lowest kind of fake, the very worst fraudulent nostrum.

The remedy? The remedy consists in making all nostrum manufacturers give the complete formula (tho not necessarily the making process) on the label. This would at once work a real revolution in the entire nostrum business. And the manufacturers should be prohibited from juggling with the serial number, they should be prohibited from giving the impression that the Government guarantees either the purity, the efficiency or the correct composition of their product. The simplest thing would be to have them just print the serial number without the addition of any wording whatsoever.

Not until this is done will the Pure Food and Drugs Act amount to much, or anything.

Will Quackery Always Exist?

Some physicians, seeing the ignorance of the public, its credulity, and the readiness with which it lends a willing ear to the most preposterous claims, become pessimistic as to the future of scientific medicine. Such pessimism is entirely unjustified. Truth always does and always will triumph over error—in the end. Every new discovery made, be it in the science of chemistry, physics, physiology, or pathology, etc., weakens the ammunition and the prestige of the impostors. Says a writer in an article relative to the foregoing:

"Quackery has done and is doing great harm to our race, but it can never be driven from the earth except by exact knowledge. Until medicine has become an exact science in all its departments we may not expect its disappearance. Each great medical discovery, like that of the value of vaccination for the prevention of smallpox, the power of causing freedom from pain during child-bearing and surgical operations by the inhalation of sulphuric ether, and the discovery of specific germs in the causation of disease, Rontgen rays, and the ophthalmoscope by which the interior of the eye can be seen in all its beautiful details—all of these have given charlatanry a hard blow."

The Happiest Man is one who has enough in his own inner wealth, and requires little or nothing from outside for his maintenance; for imports are expensive things, reveal dependence, entail danger, occasion trouble, and, when all is said and done are a poor substitute for home produce.—Schopenhauer.

Do Drugs Ever "Cure ?"

In the layman's mind there is absolutely no doubt of the power of drugs to produce a "cure." To cure a disease by means of a drug or a combination of drugs, seems to him no more wonderful than to patch up a piece of broken china with a little cement. The same idea existed in every physician's mind up to seventy or eighty years ago—and is still entertained by a good many old-fashioned doctors. The study of pathology changed the prevalent notion of the "curative" power of drugs; it was seen that a dose of ammonium carbonate could have no direct effect on a consolidated pneumonic lung, nor could a dose of opium produce a retrograde metamorphosis in an inflamed peritoneum. It, therefore, became fashionable to sneer at drugs as curative agents. The *vis medicatrix naturae* does it all—without it drugs are worthless. Admitting that this is so, that the real cure is produced by Nature, do not the drugs *help* toward a cure, by helping Nature to exert her curative action, by removing obstacles, by clearing the sewer pipes, etc.?

When a man breaks his leg and a skilful surgeon puts the fragments in proper position, applies a splint, and the fragments unite without leaving the least trace of deformity—who has produced the cure? The surgeon? He has and he hasn't. Because, without Nature's reparative process, without the callus, no surgical skill would be of any avail. We have many such instances in very old people, in whom in spite of the best treatment the fragments refuse to unite. But, on the other hand, without the fragments being put in the proper position, a great deformity may result, or the fracture may remain ununited in spite of a super-abundance of Nature's reparative callus. And so it is with drugs in the hands of a skilful physician. Nature produces the cure, but drugs *coax* Nature to stop her mischief, tide the patient over the danger period, and thus give Nature a *chance*.

Campho-Phenique.

What do you think of that? In a paper on the treatment of varicose veins and ulcers read before the Illinois State Medical Society Dr. W. S. Royce states that he used several dry dressings, "but after long experience I have proved to my own satisfaction, at least, that these ulcers will heal faster and better under campho-phenique powder than any other." And this statement occurs in the *State Journal* (Ill. Med. Jour.) for November, p. 489. And Campho-phenique has been exposed and anathemized by the Council. And the moral you will have to make up yourself.

P. S. No, Campho-phenique is not advertised in the CRITIC AND GUIDE.

Announcement.

Commencing with the January, 1908, number of the CRITIC AND GUIDE we will have a department to be known as "THE MEDICAL JURIST," conducted by I. Balch Louis, LL. B. of the New York Bar.

This department will be devoted to advising members of the medical and pharmaceutical profession as to their legal rights and obligations in practice, pointing out and emphasizing the risks and dangers that beset them and guarding them against legal pitfalls. This department will report briefly and explicitly the most recent decisions of the Law Courts affecting the professions and will contain in connection therewith such explanatory notes as may be necessary for a perfect understanding of the same.

There will also be conducted a column devoted to answering inquiries concerning points of law of interest to the medical and pharmaceutical professions.

It is believed that "THE MEDICAL JURIST" will commend itself to our readers and will prove not only interesting, but valuable and useful as well.

A Formula for the Prevention of Conception.

We have received literally *thousands* of letters, chiding us for not printing in THE CRITIC AND GUIDE the formula or method for the prevention of conception, or (in gentler language) regulation of reproduction. "We agree with you that prevention of conception, the ability to prevent offspring, in appropriate cases, is the greatest problem of the age. But what good does it do us or anybody if you do not publish the formula in THE CRITIC AND GUIDE?" Such letters are a regular feature of our daily mail. Our dear, unsophisticated readers do not seem to know that the publication of such a formula would constitute a criminal offence, and would render THE CRITIC AND GUIDE *unmailable*. But while we cannot publish the formula, we have never refused it to our *medical subscribers*. We have sent it freely (and free) to thousands of them and they blessed us for it. We know—at least so the physicians write us—that the formula saved thousands of poor families from abject misery and terrible suffering.

Yes, the problem of the limitation of offspring is one of the most vital problems of the day, and the right to its free and unhampered discussion will soon be demanded by an indignant people, no longer willing to be kept in swaddling clothes and no longer willing to be bossed and censored by ignorant bigots.

The people who have to nurse, feed, clothe and educate the children shall have the right to say how many children they will have and when they will have them.

Dr. Rupert Wells, the Cancer Quack.

We are glad to inform our readers that the notorious fraud and quack, who was curing cancer, tuberculosis, etc., with liquid radium (!) has been deprived of his license and practice. We trust he will have to leave St. Louis. That city can well spare him. A young physician, Dr. Philip Frank, of New York, has been largely instrumental in furnishing the evidence which led to the curtailing of the activities of this notorious shark.

"No Proprietaries for Silver City."

Colorado Medicine, November, declares with a ring of triumph and satisfaction, that to Silver City, N. M., "belongs the credit of successful co-operation on the part of the twelve physicians practicing there in the excluding of proprietary medicines from their prescriptions." The druggists don't keep any proprietary medicines and detail men spend little time there. The same issue of *Colorado Medicine,* which is the official organ of the Colorado State Medical Society, advertises—i. e., recommends and tells its readers to use Angier's Petroleum Emulsion, Fellows Syrup, Nephritin, Glyco-Thymoline, Listerine Dermatic Soap, Pyrenol, Arhovin, Stearn's Wine, Red Cross Malt Tonic, Kartharmon, Sal Hepatica, P. D.'s Emulsion of Cod Liver Oil, Abilena and Oxgulatum.

I leave it entirely to the reader to attach to this story any moral that he may consider fit.

"State Science.

"The final outcome of this question is bound to convince our people that State science is as needless and as dangerous as a State church would be. As we have a free church in a free State, so we should have a free science, unhampered by State authority."

DR. GUSTAVUS D. HINRICHS.

This sentence is commended to the careful consideration of some friends of ours residing in Chicago.

A Professional Card.

The following advertisement was found in a baseball program:

"Dr. Wm. Copron, Redwood Falls, Minn., physician and surgeon. Funeral expenses paid and no fee charged in the event of death from diphtheria and typhoid fever."—*Wisconsin Medical Record.*

This card might be spoiled by any comments of ours, so we let it go as it is. We charge the "doctor" nothing for the advertisement.

We appreciate your subscriptions. But please remember that $3.00 pays for THE CRITIC AND GUIDE for 4 years, and $10.00 *pays* for life. Do it to-day and get it off your mind!

AMERICAN MEDICAL EDITOR

Fewer and Smaller Journals.

We need fewer journals. Practically everybody admits that. But we also need smaller journals. There is no question in our mind that if the journals were not under the necessity—a self-created necessity, by the way—of filling up space, less trashy and indifferent matter would be seen in print, there would be less repetition, there would be less tedious work for the abstractor, and there would be less eye-strain and time-waste for the reader.

The physician would certainly be better off if he spent his time in reading the world's masters of literature, than in wasting it on some of the stuff that is offered him in his medical journals.

The *Boston Medical and Surgical Journal* is a good example of a journal that pays more attention to quality than quantity.

The Readers' Discussions are a valuable practical feature in the *New York Medical Journal.* The discussion in the issue of November 30th deals with Delirium Tremens. A collection of all the Readers' Discussions would form a valuable treatise on the treatment of the everyday ailments of mankind.

"Professional Success," "Medical Independence" and "The Weakness of the Specialist," are the titles of three excellent, thoughtful editorials in the *Medical Standard* for December. Dr. Thos. G. Atkinson, the editor, deserves to be better known than he is. He is a good writer and an original thinker—something that we have not too much of in American Medical Journalism.

The original articles in the *Illinois Medical Journal* are generally of solid worth, and make valuable reading. We regret we cannot say the same thing of its editorials.

"The Age in Which We Live," delivered on Nov. 14 by Curran Pope before the Ohio Valley Med. Asso'n, is a notable address and forms a pleasant exception among the many colorless nothings which are being delivered every day thruout the length and breadth of this country.

The *Medical World* does not seem to be losing any of its old-time popularity. In his "Monthly Talk," Dr. Taylor is doing good service to the country by opening the doctors' eyes to the true inwardness of the questions of the day. And God knows, if anybody is in need of enlightment on political, social and economic questions, the doctor is. The "Monthly Talk" in the December issue is particularly valuable.

The International Journal of Therapy comes now only once in three months, but is welcome whenever it comes. Dr. Juettner has an individuality of his own.

The Voice of Authority in Medical Studies.

To a young man fresh from school the greatest danger of the early years of medical study lies in his disposition to take the word of his teachers for law. The tradition of all scholastic establishments is to magnify the pedagogue and to keep the pupil under, so that the latter comes to regard the opinion of his instructor as the last word to be said on each particular subject. So, too, with his books. The authors of the commentaries and treatises on which he is nurtured are mystic abstractions who knew all about the matters of which they write. If the student is ever to become a scientific man in the true sense of the word, he must, from the start, cultivate a respectful disrespect for everybody's word about the phenomena he observes, and never accept any statement that he is not able either to verify himself, or to find cogent evidence in favor of. Every fact in chemistry, anatomy, physiology, and medicine is capable of verification by observation or experiment, and in so far as in him lies the student should not let one pass without endeavoring to satisfy himself that it rests on a solid foundation. Dogmatism has no place in medical study. The student may have a high regard for the opinion of his teacher, but he should never be satisfied till he has followed all the steps thru which that teacher's mind passed before arriving at the final conclusion. A schoolmaster may be very impressive in enunciating a law in mathematics, knowing that his position is unassailable—the law is an old one that has been demonstrated over and over again; but the scientific teacher is at the mercy of his pupils if he is "cock-sure" about anything without having proved it for himself. The darkest period of medicine was from the day of Galen to the day of Harvey; the period when all medical knowledge was centred in the works of the great writers, and every case was treated by the application of the methods recommended in those works. No name, however great and justly honored, should be allowed to be a guarantee for a single fact that the medical man can find out for himself; authority has a very back seat in the domain of medicine. The student's training is not derived from reading books, but from finding out if what his books say is true.

Newspaper Prescribing.

Newspaper prescribing obtains in many places, but some of the most shameless examples of it that we remember to have seen are to be found in the *Philadelphia Record*. In a recent issue of that journal this abuse is all the more flagrant in that it follows under the heading "Health and Hygiene," immediately after the official vital statistics, thereby acquiring in the minds of the thoughtless or less well-informed a fictitious authority. Prescriptions are published for twenty-eight applicants, on account

of conditions which, so far as may be judged from the crude descriptions of the patients, range from simple "constipation" and "nervousness" to cardiac and other serious troubles. A noticeable feature is the fact that the writer recommends exceedingly potent drugs, which should never be used for self-doctoring or even be ordered by a physican for a patient who is not under his immediate observation; for instance, salts of strychnin are recommended in no less than eleven cases. Fancy ordering a hundred 1-40 grains tablets of strychnin sulphate to be put into the hands of a patient, and that, judging from the composition of his letter a patient of no extraordinary degree of intelligence or education. Strophanthus, again, is another drug that should not be prescribed except when its effects can be under the observation of the physician. We say nothing of certain proprietary remedies, which appear to have a great place in the prescriber's therapeutic armamentarium. The thing that strikes us most in this connection is the fact that these prescriptions, written for individual cases, must be the work of either a licensed practitioner or a layman. In the latter event, is it not an infraction of the medical law to prescribe for payment for individual patients—for it is to be presumed that the writer in this column is not doing newspaper work for nothing? In the former event, is not a physician who publishes broadcast a prescription presumably intended for the relief of one individual, so that numerous other persons may use it, fancying their own symptoms to resemble those described by the newspaper patient, guilty of unprofessional conduct in a grave degree—the more grave because of the danger inherent in the use of drugs such as those named above? This consideration alone, to say nothing of a most vicious form of contract practice, such as would be involved in a licensed practitioner's prescribing publicly for pay for patients whom he had never seen, surely calls for a protest from the readers of this Philadelphia newspaper.

J. A. M. A.

In the heralded unlimited field of therapy, where the opsonic index is ordained to play a star role, its utility seems destined to pass into oblivion, not only because of its inconstancy in agreement with the clinical symptomatology but especially because of its impracticability.—Benj. A. Thomas in *J. A. M. A.*, Oct. 12.

Suicides of School Children

Suicides of juvenile persons in Germany go by the general name of "*Schueler-selbstmord*," or school-children's suicides, the general impression being, rightly or wrongly, that the schools alone are responsible for these acts of despair. But of late years the education department of the Prussian Cultusministerium has taken the greatest pains not only to register each case of juvenile

suicide, but also by the most careful inquiries into the circumstances to throw light upon the motives that led up to it. Professor Eulenburg of Berlin has been permitted to study these registers, which extend from 1880 to 1903, inclusive, and at the last meeting of the Society for school hygiene, he gave a full account of the conclusions they lead to. The average yearly number of juvenile suicides in Prussia is about 54; of these about 42 are above 15 years of age. The proportion of boys to girls is as 4.16 to 1. The suicides above 15 years of age are naturally almost all pupils of higher-grade schools. The sad motive in many cases was dread of punishment, and if dread of an examination, shame or despair at not having been moved up to a higher class be included, these cases amount to more than a third of the total number. In about 10 per cent. of the suicides, mental aberration, nervous debility, and nervous excitement are given as an explanation. It is difficult to resist the conclusion that in many of these cases lack of home influence or of careful medical supervision must be held responsible. Many were the cases of dull children, who had found it impossible, in spite of unceasing effort, to assimilate the teaching at the higher school; other pupils again, tho sufficiently gifted, had neglected their school duties, led away by temptations, or poisoned in mind by reading clap-trap pessimistic literature. Somewhere about 20 per cent. of the cases could not be grouped under headings. Domestic unhappiness, for example, drinking habits of the parents, their marital infidelity, or their cruelty was responsible for many a child-suicide; numerous others could not be accounted for, the motive remaining a mystery.

Thirst for fame seems to be the most ideal ambition. It is the most foolish of all. In no case is the appearance so different from the reality as in the case of celebrity. To him who does not possess it, it seems the sum total of all that is splendid. He who, according to the general opinion of his contemporaries, possesses it, sees that it contains more bitterness than satisfaction, and that it is not worth, in any true estimate of values, either a night's sleep or a day's effort.—Max Nordau.

"I have never known a dyspeptic to recover vigorous health who undertook to live after a strictly regulated diet, and I have never known an instance of a healthy person living according to a strict dietic system who did not become a dyspeptic."—Austin Flint.

Nature arms each man with some faculty which enables him to do easily some feat impossible to any other.—Emerson.

Medical science must eventually make therapeutics unnecessary, and this, tho it may sound paradoxical, I feel in my innermost soul, is its true and final mission. Not therapeutics, but prophylaxis; not the healing, but the prevention of disease must be the mission of the medical man.—Prof. Nothnagel.

Original Articles

The Hardships of the Professional Pharmacist. A Solution Suggested.

BY EDMUND F. L. JENNER, DIGBY, N. S.

In one of the interesting stories published by Jules Verne, he introduces one of his characters as engaged in compiling a thesis entitled "Why are all Frenchmen suffering from hereditary degeneration." I am constantly in receipt of sample copies of different medical magazines, and a very large percentage of the correspondence in some of them would lead the reader to suppose that the pharmacists of the United States and Canada are, to put it mildly, devoid of all principle, professional counter-prescribers, substitutors, and extortioners.

The pharmaceutical press retorts in the same tone, and probably with about the same amount of justice. Personally, I have no grievance against the medical profession. Occasionally I meet a "freak doctor," make a study of him and convert his excentric sayings and doings into more or less merchantable "copy." Apart, however, from all humorous considerations, it is an annoying thing to see the profession to which you belong, and to the study of which you have devoted the best years of your life, held up to continual execration in the medical press.

I noticed in a former issue of the CRITIC AND GUIDE a somewhat scornful allusion to the soda fountain in the modern drug store. I have no use for a soda fountain myself, I regard it as a damnable nuisance; especially in a small store, such as mine is; but it is far less dangerous to the public health than the space usually devoted to "patent medicines."

"There is nothing scientific, or professional in the selling of wall-paper," a correspondent to another medical journal remarks. Precisely so. But the legal sale of wall-paper, is infinitely more honorable than the illicit vending of whiskey, or the sale of cocaine.

The fact is, that many druggists of the present day are driven to resort to side-lines in order to pay expenses and make a living. These side-lines may take the form of paints, stationery, fancy goods, soda water, toys, or sundries. In this case, they do no harm to the public, tho they lower the professional status of the vendor. On the other hand, certain members of the profession, finding that they cannot make a living by legitimate means, embark in the illicit and despicable vending of opiates, narcotics, and alcoholic stimulants. I have not a word of defense for these people. No vituperation which the medical press can pour upon

them is too severe; they are a disgrace to the pharmaceutical profession.

Judging by my own experience, the worst enemies the professional pharmacist has, are the medical supply houses, and the patent medicine concerns. The continual cry of the medical supply house is, "buy from us, and save money." It is easy to understand why a medical supply house can sell a doctor goods at fifty cents a pound, drawing on him at thirty days, and why the pharmacist who sells him the same goods in small quantities—say in one or two-ounce lots, and waits six months for his pay, has to charge thirty or forty per cent extra.

Another disturbing factor between doctor and druggist, is the "original package" problem. The doctor sees fit to prescribe a bottle of "Hypothymodine" for his patient. He orders an "original package." Mrs. A finds that Hypotymodine suits her case, and recommends it to Mrs. B. Mrs. A's amateur prescribing may or may not be a success. If it is, the prescription is passed on to Mrs. C, D and E. The Hypothymodine Co., Ltd., profit by the transaction, the doctor and the druggist come out "at the small end of the horn." The doctor loses two or three fees, and the chances are that Mrs. A's "patients" patronise the department store in preference to the druggist.

I note your remarks in your October issue on the "Original Package" question. I had a little difference of opinion with a customer on the question of essence of pepsin a few weeks ago. She brought me in a prescription calling for "Essence of Pepsin." There was no specification as to what brand of essence of pepsin I was required to use. I filled the bottle with Parke, Davis' product, and charged her eighty cents for it. The following day the doctor who wrote the prescription came in, and proceeded to give me a calling down for "substituting." I showed him his prescription, and some dozens of others written by our local men. In one or two cases the local doctors had specified "F. B. & F." I also drew his attention to the fact that there was a difference of fifty per cent in the price charged the patient. Had the prescription called for "F. B. & F." the patient would certainly have been furnished with that preparation. It is practically impossible for any retail druggist, doing business on a small capital, to stock the infinity of preparations which are to all practical purposes, duplicates of one another. With about a dozen firms claiming that they are the only people who can produce reliable H_2O_2, every large manufacturing concern claiming the preeminence in the manufacture of pharmaceuticals, and clamoring for the medical profession to specify their goods, and their goods alone—and each concern "backed" by divers medical journals, in direct ratio to the advertising space they take, the pharmacist's life is not such a bed of roses as the comic press would lead one to believe.

Last summer I had calls for four different brands of sodium phosphate. One of them I happened to have in stock. The other three were not procurable in Canada. I got out of the difficulty by referring the parties to one of our physicians, who prescribed the P. P. article.

Now when a physician is giving the bulk of his prescription work to a druggist, that druggist will soon find out what medicines he is likely to require, and unless he is a natural born fool, he will stock them. The physician finds that he can get exactly what he requires at A's establishment, mutual confidence is established, and physician, pharmacist, and patient are mutually benefited.

I am not going to waste space on the "Patent Medicine" question. I have expressed my views on the subject in your columns, and in those of a number of Canadian and American medical journals.

You may ask me what solution I have for the state of things which unfortunately exists at the present time between physician, pharmacist and manufacturer. I believe the only remedy is for the State to take over the protection of human life from disease, in the same way it has already undertaken to protect society from pirates, highwaymen, and burglars.

No civilized nation entrusts the protection of its citizens' lives and property to private individuals, or to associations of citizens. The State has realized its duty to protect the citizen's life from the revolver or knife of the assassin, and to defend his cashbox from the burglar. When will it realize that it has another and more important duty to perform, the protection of its citizens' lives from the incompetent doctor, the fraudulent druggist, the dishonest manufacturer, and the advertising quack?

"Cranks, Germs and Disease".

BY ELMER LEE, A. M., M. D.

There are, says the Editor of the CRITIC AND GUIDE in the October issue, cranks, germs and disease. I am not certain that I know what a crank is. It is a title of distaste for one not in agreement with the critic. But crank may be either subjective or objective, and he who is dubbed a crank may retort, "you are another." I listened to a wrangle of words when walking in Central Park between a policeman and a man who was acting against the wishes of the officer. The policeman called the fellow a loafer. The fellow retorted "what —— are you?" This was too much for the policeman, so he drew his stick and started to rush the fellow, who ran faster than the policeman could and thus escaped. Problems never down. Teachers, preachers, editors and doctors fail to keep the world's problems in submission; they will rise and refuse to be settled. Few if any problems are

settled in reference to all relations, for every estimate of the question is based on a focal point fitted to the observer and the present moment. The critic may find his position tomorrow inconsistent with the advent of new experience. Therapeutics have not been satisfactorily settled, and what does it matter? Individuals are different, and if so, formulary treatment can not satisfy; it can be forced, even legalized, but the scientific question is not met. Hundreds and thousands of fancies, fears, superstitions, errors, avarices, and abuses have complicated life, making it vexatious and trying. It is no easy thing to know what is right, what is best and what is true; who really knows these things? Show me the man who has kept erect in mind and body, who has made no mistakes and suffered no weakness, who has always been brave, courageous and tender, and held his face to the sun without compromise and without shame to the end? Life is searching and if there be a weakness it is found; for me there are no cranks or fools or every man is. Few understand, few conquer themselves and judge fair and are kind. So I pass the first part of the editorial.

Are there germs? Yes, surely, no need to employ a microscope to see a germ. Look at the eye of a potato, it has a germ. Suppose the potato rots, then you may see things wriggling and moving. What are these things? They are potato substance combined with air particles or motes, and we say the potato is rotting or fermenting and the product of the process is known by forms not seen in the sound potato. The form depends on the soil is the precise teaching of Pasteur. I think it is correct [? Ed.] When a substance, be it animal or vegetable, loses its power to combine or retain its allotted nature, the air particles affect and reduce it; this we witness daily. The air is filled with ferment, it acts constantly, affecting reduction and dissolution wherever there is suitable soil and impairment of restitution. The ferment is incapable of harm to cell forms which are minding their business and strictly on watch. The air ferment aids house cleaning, but if the place is neglected and foul, the structure, be it man or vegetable, may be lost. This far I can go, and even incidentally, further. For if there is fermentation, gases emanate and distend tissues and organs and induce secondary symptoms and complicate disease. But what of that? It is not new, it is old as the world, ancients knew it. As to germs of disease, let any one have his freedom to so believe if he likes, the idea is all right for such as wish to entertain it. But what has it to do with treatment? As an incidental branch of science, that is, pure science, it is interesting and unending as a study, but surely, there are ample, practical ways and means of treating and saving the sick without ever thinking of germs and microbe killers. The natural source of strength is air and food; if so in health, is it

not equally so in health minimized, which is disease? Then there is mental and physical management, the latter includes surgery and every form of handling, motion and vibration, and this with diet is competent to save if the case is not beyond help. Do medical colleges teach these things? Yes, but how? Let medical men answer, each for himself. Diet is taught to some degree but is almost a minus sign as compared with the influence of the boarding house. There are many things taught in the colleges, so that the young physician is bewildered and catches as catch can, first at one thing then at another as the current of popular practice runs. So on to the end. I find no fault, I look on and work, and try, and revise, and revise again, and again. Keeping the body and mind in health is a free fight and everyone his try should be permitted to have. Experience is the reward for work and struggle, common to all.

With all due respect to Dr. Lee, we are forced to say that he has utterly failed to answer our editorial. He really has not even made the attempt. Dr. Lee says: There are ample practical ways and means of treating and saving the sick without ever thinking of germs and microbe killers. The natural source of strength is air and food, etc. Are air and food alone sufficient to kill, for instance, the gonococcus? And is not the early application of an efficient gonococcocide a better and surer means? We should like Dr. Lee to answer this question in all sincerity. W. J. R.

The Infirmities of Old Age.

W. T. MARRS, M. D., Peoria Heights, Illinois.

Old age has been compared to an ossifying process, or an absorption of the animal matter and a deposit of mineral. The lime deposit in the arteries interferes with the elasticity and contractile properties of these vessels and in some measure retards elimination of poisons. If we could stay some of these changes in our bodies we might add to our comfort and prolong our lives. We spend all our time until about the age of sixty or seventy trying to fight the battle of life and gain a competency. If we are alive at the end of this time we ought to have a few years in which we can take life easy and get a little enjoyment out of our earthly pilgrimage. But how seldom is this realized! If we do not have to battle for bread we are obliged to battle against the ravages that Time is wreaking within our bodies.

The matter of looking after the senile portion of our clientele should command our earnest efforts. We should try to apply to the old people a line of therapy that will add to their comfort and prolong their lives. Stimulating food, drink and drugs that are calculated to raise arterial tension are contraindicated.

Fruits, vegetables and cereals should make up the main part of the dietary. Only a modicum of meats can be well tolerated. Milk, particularly buttermilk, is an ideal food for those who are advancing in years. The lactic acid which it contains softens chalky deposits in the blood stream. The malic acid of apples also opposes the uric acid condition and has a selective action upon the liver cells. The acid of grapes acts much in the same way and favors fluidity of the blood. Drinking plenty of pure water is of inestimable value. Deleterious products are softened and mechanically swept away by drinking water in abundance. All the organs of elimination, especially the bowels, kidneys, and skin, should be made to functionate propertly.

There are a great many uric acid solvents, but they do not stand the clinical test in all cases. The human body is not a test tube. and there are a number of neutralizing and antagonizing forces inside of us that must ever be reckoned with. Here is a formula that has given me more uniform results in the cysto-renal affections of old people than any other: Repurified calcium carbonate, grs. 10; lithium carbonate, gr. 1; and colchicine, gr. 1-500, in an aromatic combination. This is put up in tablet form which makes it very convenient to dispense. It is always well to supplement this with a hepatic stimulant. A favorite with me has always been calomel. It acts upon the glands and secretions as nothing else does and if dispensed with bicarbonate of soda it seldom produces ptyalism. If there are objections to its use podophyllotoxin acts well; also the new bile product known as bilein. Saline laxatives should be given generously. If therapeutic efforts are made along this line there is an elimination of residue and the ravages of age are materially stood off.

Elimination should be very thoroly maintained in those who are advancing in years. While the bowels and kidneys are usually considered the more important excretory organs the skin should not be overlooked. A frequent salt rub greatly aids in keeping this important emunctory in a normal condition. Old people require plenty of sleep, but quite often they are troubled with insomnia and wake early in the morning. This may be partially due to habit, but arteriosclerosis is usually a causative factor. A life of studied quietness and relaxation along with correct living in other ways helps to obviate a tendency toward insomnia. There are no valid reasons why the person of sound physique and good inheritance should not reach the century milestone.

There is absolutely no excuse for operating for varicose ulcers. We know of no cases no matter how severe that cannot be cured without operation. We have had cases of varicose ulcers occupying two-thirds of the leg and of 5 to 10 years' duration that were

perfectly cured within a short time by applications of various solutions, zinc-gelatin and bandages.

A man who has had venereal disease and gets married without making sure that his wife is in no danger of infection is a criminal. And a man who is not sure of his sexual power and gets married is both a fool and a criminal.

And what shall we say of the physicain who advises a patient who complains of impotentia sexualis to get married "and all will be well." All is not well. On the contrary nothing is well. It is then that the misery begins.

Marriage is a contract for life—divorces are expensive luxuries and not easily obtainable and the partners to the contract, especially the male partner, should make sure beforehand that they are not creating for themselves a hell on earth.

Gloomy Prognoses.

In practice one is constantly meeting with patients whose lives are rendered miserable by the fear that some grave peril threatens them, and burdensome in the endeavor to avoid the hidden peril; while all the time the symptom that has given rise to all this trouble may be a perfectly natural phenomenon or one which is associated with no danger. The meaning of these symptoms can only be found out by patiently watching the life history of the individual who shows them, and that can only be done properly by the family physician. There is a man whom I occasionally meet in the streets of Burnley, and my uneasy conscience makes me fancy that a sardonic grin passes over his face when our eyes chance to meet. Twenty-five years ago, when I thought I knew more about the heart than I do to-day, I rejected him for life insurance because of a loud systolic mitral murmur. From that day to this he has followed his work as a mechanic without a day's illness.

Thus writes Dr. James Mackenzie of Burnley, England (West. Can. Med. Jour., July). And we recommend the above lines to the dead-sure prognosticians, just out of college.

Intuition in Prognosis.*

Old practitioners, from long dealing with the sick, get an intuitive sense of prognosis, for which it might be hard to render adequate reasons. At a consultation, the scientific men were discussing with animation the pathological problems of the case, but the local attendant, an old Yorkshireman, quietly observed, "You may say what you like, he's ba'n to croak." And die he did.

*R. Higston Fox, in *Edin. Med. Journ.*

A young practitioner is apt to err by thinking too much of the physical signs, and too little of the patient. I remember treating, when I was young in the art, a big active city man, who had a patch of crepitations at the base of one lung. I wanted to keep him in bed, but he grew restive and fled to the seaside, escaping from both bed and doctor at a stroke—and with impunity.

The first art we require is to treat the disease. To treat the patient is a talent which comes later. But the personality of the sufferer, his idioscyncrasy, his equation, enter largely into prognosis.

It is by degrees that we learn the value of rest—not "doing nothing" but "not hindering anything"—and that we discern the patient's chances of life to depend upon the completeness with which this rest is fulfilled. It is by degrees that we learn to "trust the human body!" Let me quote once more the philosopher who once adorned British medicine, Dr. Sutton: "Doctors who look too much on morbid anatomy, the dead side of the disease, are apt to give too gloomy prognoses. They cannot trust the human body."

Laughter and Long Life.

It may be that some enthusiastic and laborious German statistician has already accumulated figures bearing upon the question of length of life and its relation to the enjoyment thereof; if so, we are unacquainted with his results and yet have a very decided notion that people who enjoy life, cheerful people, are also those to whom longest life is given. Commonplace tho this sounds, there is no truth more commonly ignored in actual everyday existence. "Oh yes, of course, worry shortens life and the contented people live to be old," we are all ready to say, and yet how many people recognize the duty of cheerfulness? Most persons will declare that if a person is not naturally cheerful he cannot make himself so. Yet this is far from being the case and there is many a man who is at present a weary burden to his relatives, miserable thru the carking care of some bodily ailment, perhaps, or some worldly misfortune, who, if he had grown up into the idea that to be cheerful under all circumstances was one of the first duties of life, might still see a pleasant enough world around him. Thackeray truly remarked that the world is for each of us much as we show ourselves to the world. If we face it with a cheery acceptance we find the world fairly full of cheerful people glad to see us. If we snarl at it and abuse it we may be sure of abuse in return. The discontented worries of a morose person may very likely shorten his days and the general justice of nature's arrangement provides that his early departure should entail no long regrets. On the other hand, the man who can laugh keeps his health and his friends are glad to keep him. To the perfectly healthy laughter comes often. Too commonly, tho, as

childhood is left behind the habit fails and a half smile is the best that visits the thought-lined mouth of a modern man or woman. People become more and more burdened with the accumulations of knowledge and with the weighing responsibilities of life, but they should still spare time to laugh. Let them never forget, moreover, and let it be a medical man's practice to remind them that "a smile sits ever serene upon the face of Wisdom."

Christian Science Committee on Publication.

FOR THE STATE OF NEW YORK.

New York, Nov. 14, 1907.

Editor, CRITIC AND GUIDE,

Sir—Christian Scientists are in full sympathy with all you say against quacks in your letter to Mr. James F. Morton, Jr., in September CRITIC AND GUIDE, but they object to being placed in that class.

Christian Science is a religion that stands squarely upon the teachings of Jesus Christ and it maintains that his teachings when rightly understood and rightly applied are sufficient, without the aid of anything else whatsoever, both to heal the sick and to regenerate the sinner.

It will doubtless be interesting to your readers to learn that thirty-five per cent of the cases treated by Christian Science practitioners are so-called incurable cases that turn to Christian Science because of their failure to get benefit under medical treatment. Out of 13,876 cases treated by Christian Science in the State of New York during the year ending September 1, 1906, 11,244 acknowledged themselves healed or permanently benefited. Many of the remaining cases were unfinished and still under treatment. Statistics show that Christian Science heals about 90% of all cases including both chronic, functional and acute.

Out of the total number of cases treated during the year mentioned there were 58 deaths or an average of 4.2 per thousand cases treated. This is far below the average death rate for the State of New York, which for the past five years has averaged 17.3 per thousand inhabitants.

Christian Scientists have more faith in Christian Science than in the drugging system because they know by practical experience that they get better results with a greater degree of certainty from Christian Science treatment than they obtained from drugs.

Very truly yours,

V. O. Strickler.

The Leucocytogenic Action of Collargolum.

To the Editor of the CRITIC AND GUIDE,

Sir—Bacteriological investigations published of late have called renewed attention to the acknowledged fact that, in vitro, collar-

golum has no such bactericide powers as silver salts—such as the nitrate. As this fact has led to a priori denials of its clinical efficacy, permit us to point out that the indubitable therapeutic action of the remedy—demonstrated by almost four hundred publications—is not dependent on germicide properties.

By reason of its colloidal nature, collargolum has vigorous catalytic effects which induce or enhance the processes of oxidizing bacterial toxins in the organism. This fact was proved experimentally by Schade, Hamburger, Robin and others. Professor Solis Cohen (Journ. Amer. Med. Asso., Oct. 20, 1906) stated:

"It is quite probable that the therapeutic value of colloidal silver is largely due to catalytic action in taking up and again yielding oxygen, thus destroying toxins, bacteria or diseased cells—a chemical amboceptor action, to take an illustration made familiar by Ehrlich—and through such action it may prevent or retard sepsis. It certainly has a definite therapeutic action and should be employed more extensively in larger and more frequent doses."

An exhaustive study of the leucocytogenic action of collargolum was recently published by Dunger (Archiv. f. klin. Medizin, 1907, Vol. 91, No. ¾). He found that an intravenous collargolum injection was immediately followed by hypoleucocytosis. One or two hours later a hyperleucocytosis always occurred, usually up to 130 to 150%, with a maximum of 260%. After 20 to 24 hours the number sank to its original figure. He explains the hypoleucocytosis as due to the destruction of neutrophiles, the later rise being an overcompensation of the defect from the bone marrow. The collargolum leucocytosis is favorable, because of the phagocytosis, by which microorganisms are taken up and destroyed and inorganic bodies such as silver particles are carried outside the blood current, as to joint cavities. The marrow irritation occasions a stimulus to the formation of immunizing bodies. The leucocytic decomposition, setting free proteolytic ferment, is probably of the greatest importance for the solution and resorption of inflammatory exudations, especially of pneumonic infiltrations. This is confirmed by the author's experience with collargolum in a series of pneumonias.

That collargolum stimulates the formation of leucocytes, especially of the large, multinuclear forms, was also demonstrated by Rodsevics, Achard and Weil, Ceresole, French, Widal and others.

When done under conditions closely simulating a clinical sepsis, animal experimentation with collargolum has always given favorable results—as the reports of many veterinary surgeons on the successful use of collargolum in infected horses, cows, etc., show. An artificially produced infection is, however, not analagous to one which occurs naturally, the intravenous injection of highly

virulent bacterial cultures is far more brusque than the gradual development of a clinical sepsis. Moreover, in all laboratory experiments in which collargolum was administered to the animals simultaneously with the infectious material, a negative result was to be expected, since the remedy is rapidly eliminated and had thus passed out of the body when the infection reached its height. Experimenters who waited with the administration of collargolum until the animals showed violent signs of illness, saved them (Beyer, Pinto and others).

In view of the importance of the subject, we trust the above will be accorded space in your esteemed columns.

Yours respectfully,

Schering & Glatz.

New York, Nov. 16th, '07.

A Little Light Matter—Just for a Change

A Clever Imitation

A certain Cleveland attorney, says the Cleveland *Plain Dealer,* has two bright little children. They are quick at imitation, and have a talent for making up games in which they cleverly burlesque their elders. A few days ago their mother found they were playing "doctor." The younger child was the patient, with head wrapped in a towel, and the other the physican, with a silk hat and cane. The mother, unseen by the little ones, listened at the door way:

"I feel awful bad," said the patient.

"We'll fix all that," said the doctor briskly. "Lemme see your tongue."

Out came the tiny red indicator.

"Hum! hum! coated!" said the doctor, looking very grave indeed.

Then, without a word of warning, the skilled physican hauled off and gave the patient a smart slap in the region of the ribs.

"Ouch!" cried the sufferer.

"Feel any pain there?" inquired the doctor.

"Yes," said the patient.

"I thought so," said the healer. "How's the other side?"

"It's all right," said the patient, edging away.

Thereupon the doctor produced a small bottle filled with what looked like either bread or mud pills, and placed it on the table.

"Take one of these pellets," the physician said, "dissolve in water every seventeen minutes—al-ter-mit-ly."

"How long mus' I take 'em?" groaned the patient.

"Till you die," said the doctor. "Good morning!"

"Why don't you see a physician?"

"No, siree," answered Farmer Corntossel. "If I get cured it's got to be by patent medicine. Nobody gits his picture in the paper fur being cured by a regular doctor."—

Able to Suggest One.

"The human body," said the lecturer on anatomy, "is the most absolutely perfect machine in existence. It is inconceivable that it could ever be improved upon, when considered in its relation to its environment, and its adaptability to the purposes for which it was created."

"With all due respect, professor," interrupted the tall, gaunt, spindle-shanked member of the class, "I think I could mention a possible improvement."

"Indeed?" said the lecturer, visibly nettled at the young man's presumption. "Pray, what improvement would you suggest, sir?"

"I think that the shin bone ought to have been located at the back part of the leg instead of the front."

The Doctor Woman.

As I lay shaking in my lonely bed,
I once was sick. Oh, heavens, how I ached!
My eyeballs bloodshot in their sockets rolled;
My skin was dry, my mouth and throat were baked,
While up and down my back ran streaks of cold.
Sometimes a cramp would bend me like a bow,
And then I'd stretch like Goodyear's gum elastic,
When suddenly a pain from depths below
Would shoot across the region epigastric.
And add to this—oh, sad it is to tell!—
I had no wife, no servant near me;
Was stopping at a very poor hotel,
And tried in vain to make the waiters hear me.
I thought at length that I must surely die,
So seized a bootjack, lying on the floor,
And with the little strength I had, let fly
That useful implement against the door,
A female Dutch domestic in the hall
Was roused at last by this tremendous clatter,
And angrily responded to my call
With "Vell now, mishter, vot ish all de matter?"
"Matter!" I cried, my patience lost entire,
"I'm sick and dying; if you are but human,
Send for a doctor, or I shall expire!
Oh, for a doctor! Quick! A doctor, woman!"
"Yah!" roared she out, "a Doctor Voman. Vell,
I sends you von right off!" Away she sped.

But what my feelings were I dare not tell,
When came a tread of feet along the floor,
And, with a voice quite loud enough for two men,
That Dutch domestic opened wide the door,
And, grinning, shouted, "Here's de Doctor Voman!"
And there she stood, a picture; rosy cheeks,
A blue, clear eye, whose depths were almost killing;
Her lips were rubies, pouting when she speaks,
With pearls of teeth without a speck of filling.
She took a chair and sat beside my bed,
And placed her tiny hand upon my brow;
And as she softly smoothed my aching head,
She sweetly whispered, "Are you better now?"
"I—I—I really think I do feel better."
(She was so graceful, modest, fair and young,
And asked so very sweetly if I'd let her
Look for a moment at my horrid tongue.)
"How is your heart," she asked, "that fount of life?
Does palpitation ever break your rest?"
And then (this part I never told my wife)
She laid her head, to listen, on my breast.
Forthwith the fever left me, and a thrill
Of life and health went bounding thru my veins;
I never took—I kept—the little pill
She left as sure specific for my pains.
And when I told my wife how sick I'd been,
The story of my sufferings greatly shocked her;
I told her 'bout my pains, my aches, the inn,
But did not mention much about the doctor.

—W. T. Helmuth, M. D.

A Doctor's Letter.

A well-known M. P. tells an amusing story of an old aunt of his. Being on one occasion very nervous, she told her physician she thought Bath would do her good.

"It's very odd," said Dr. W., "but that's the very thing I was going to recommend to you. I will write the particulars of your case to a very clever man there, in whose hands you will be well taken care of."

The lady, furnished with the letter, set off. On arriving at Bath, feeling, as usual, very nervous, she said to a confidant:

"Long as Dr. Walter has attended to me he has never explained to me what ails me. I have a great mind to open his letter and see what he has stated of my case to the Bath physician."

In vain her friend represented to her the breach of confidence this would be. She opened the letter and read:

Dear Davis—Keep the old lady three weeks and send her back again.

The Shoe-Leather Cure.

E. C. Norris, who is now due in this city from his tramp of 3,000 miles, has worn out sixty-one pairs of shoes and has good reason for congratulating himself on his extraordinary use of shoe leather.

When Mr. Norris, twenty-six months ago, started on his long tramp from San Francisco the doctors told him he had consumption. At the end of it he finds himself a well man, with increased weight, good digestion, firm muscles and clear brain. His worn-out shoes are so many mile-stones scattered along the road to health and happiness, and his bill for shoe leather and the loss of two years' time are more than balanced by his possession of a blessing which is without price to one who has lost it.

Mr. Norris's long walk, it is to be hoped, will induce others to try the shoe-leather cure. But don't wait till consumption or wasted health makes other remedies useless. Wear out your shoes while you are well and let Nature, with all her blessed influences of sun and air and health, keep you on the highway of happiness. One pair of shoes worn out in prevention is better than sixty-one worn out in cure.—*N. Y. World.*

A Man's Ideal.

BY ELLA WHEELER WILCOX.

A lovely little keeper of the home,
Absorbed in menu books, yet erudite
When I need counsel; quick at repartee
And slow to anger. Modest as a flower,
Yet scintillant and radiant as a star.
Unmercenary in her mould of mind,
While opulent and dainty in her tastes.
A nature generous and free, albeit
The incarnation of economy.
She must be chaste as proud Diana was,
Yet warm as Venus. To all others cold
As some white glacier glittering in the sun;
To me as ardent as the sensuous rose
That yields its sweetness to the burrowing bee.
All ignorant of evil in the world,
And innocent as any cloistered nun,
Yet wise as Phryne in the arts of love
When I come thirsting to her nectared lips.
Good as the best, and tempting as the worst,
A saint, a siren, and a paradox.

Benny's Composition on the Hen.

The hen is the female sex of the rooster. She is very useful when you want eggs, which are sometimes 40 cents a dozen and are unwholesome if eaten copiously when they are hard boiled.

The hen frequents barns and other agricultural places, and is always hungry except when she is setting, at which time she becomes much irritated and will inflict serious injuries upon you if you attempt to caress her. Once my Uncle Bertram had a hen that set for five weeks on a walnut, two boot heels, and a glass stopper. She did not hatch anything. From this we learn that we should have some great object in life and stick to it. Let us be punctual in our attendance at school and mind our beloved teacher. Some hens have feathers all the way down their legs. To tell when a hen is done you cook her five or six hours and then stick a fork into her chest, but I prefer a nice piece of custard pie. BENNY.

Awful, but True.

VERY ILL.

Name, oh doctor, name your fee
Ask—I'll pay whate'er it be—
Skill like yours, I know comes high,
Only do not let me die.
Get me out of this, and I
Cash will ante instantly.

CONVALESCENT.

Cut, oh doctor, cut that fee,
Cut, or not a cent from me.
I am not a millionaire,
But I'll do whatever's square,
Only make a bill that's fair,
And I'll settle presently.

WELL.

Book, oh doctor, book your fee,
Charge, I'll pay it futurely.
When the crops all by are laid,
When every other bill is paid,
Or when of death again afraid,
I will pay it—probably.

Prayer and the Toothache.—Little Harold had been told in Sunday school that the Lord would heal in answer to prayer. A thunderstorm happened to be raging at the same time Harold had a jumping toothache and his mother overheard this:

"Oh, Lord, stop my toothache."

Silence for thirty seconds.

"Oh, Lord, please do, for heaven's sake, stop my toothache."

More silence; then a crash of thunder; then:

"Oh, Lord, please do stop that durn thunder long enough to listen to me."

The next day Harold had his tooth pulled, and now he wouldn't be a Christian Scientist for $1 cash and an air gun.—*Chicago Clinic.*

Book Notices

DYSPNEA and CYANOSIS. By von Neusser. [E. B. Treat & Company, New York, 1907. Price, cloth, $1.50.] The volume before us forms the first of a series of clinical treatises on the disorders of respiration and circulation, by Prof. Edmund von Neusser, of the University of Vienna. Whoever had the good fortune to listen to his lectures, must acknowledge, that Prof. Neusser belongs to the world's few great master clinicians. The treatise is thoroly exhaustive of the subject and the translation is well done by Andrew MacFarlane, of the Albany Medical College.

THE INTERNAL SECRETIONS and the PRINCIPLES of MEDICINE. By Charles E. de M. Sajous, M. D. Volume Second. [F. D. Davis Company, Publishers, Philadelphia, 1907, 1873 pages. Price, cloth, $6.00]. The long expected second volume of Sajous' monumental work has made its appearance. In this volume the theories and discoveries announced in the first volume find their practical application. It is impossible within the space at our disposal to review this volume which we consider of tremendous importance to the science of medicine. An adequate review would require an entire issue of the CRITIC AND GUIDE. All we can do therefore is to advise those of our readers who are not afraid to study and to think, to get the volume and to devote two or three months to it. It contains truths of surpassing importance. The author's erudition is marvellous and his careful, painstaking conscientiousness in arriving at conclusions is beyond question.

DISEASES of the NERVOUS SYSTEM. Translated from German. With 195 illustrations and five colored plates [D. Appleton & Company, New York, 1205 pages. Cloth. Price, $6.00]. This, the fourth volume translated from the Deutsche Klinik, represents the subject of diseases of the nervous system in a most authoritative manner. Some of the foremost specialists are among its contributors—it is sufficient to mention Erb of Heidelberg; Eichhorst of Zürich; Quincke of Kiel; Leyden, Eulenberg; Bernhardt and Remak of Berlin; Frank-Hochwart of Vienna; Schultze of Bonn, etc., etc. The translation which is under the general supervision of Dr. Salinger is excellently done and the illustrations are excellent.

Therapeutic and Pharmacologic Hints.

Potassium Permanganate Against Itching.

The value of potassium permanganate as an antipruritic is not yet as well known as it should be. Some cases of crural eczema, or varicose ulcers, with intolerable itching, will yield to applications of a saturated solution of potassium permanganate more quickly than to anything else. Apply on lint. The same piece may be used for several days. The application may be repeated 3 to 8 times a day.

* * *

Aconitine in Sciatica.

Aconitine (amorphous) in 1/100 grain doses, 3 to 5 times a day, is useful in obstinate cases of sciatica.

* * *

For Multiple Warts.

Half a dram of salicylic acid, half a dram of a good solution of formaldehyde, one ounce of petrolatum. Make ointment. This ointment, thoroly rubbed into warts, will make them disappear in a few days. So says a contributor to a contemporary, and he claims to have treated sixty cases by this method.

* * *

Half a drop of creosote (best beechwood) frequently produces excellent results in obstinate hacking cough. This regardless of the etiology.

* * *

Potassium Permanganate in Ivy Poisoning.

A hot one per cent solution of potassium permanganate makes an excellent application for ivy poisoning.

* * *

Babinski is in favor of hyoscine hydrobromide, 1/300 to 1/120 gr. pro die, hypodermically, in the treatment of chorea. He tried it in four cases with uniform success, after arsenic, antipyrin and chloral had failed.

* * *

"If we introduce into the uterus antiseptics strong enough to destroy the germs, they certainly will destroy some of the endometrium, which will become new necrotic material for the germs, not removed, to thrive upon."

* * *

Large doses of sodium salicylate and of antipyrin are apt to cause hemorrhage from the nose, gums, and in the skin.

* * *

Pilocarpine hypodermically in 1/8 gr. (0.008) doses, once or twice a day, is claimed to have proved very successful in 30 cases of gallstones.

* * *

Hydrastis is one of our most valuable vegetable drugs. In gastric catarrh it is often unexcelled by any other remedy; 10 to 30 min. of the fluid extract may be given 3 times a day.

* * *

Iodized Phenol.

Iodine, powdered, 1 part; carbolic acid, 3 parts; glycerin, 1 part. The carbolic acid is melted, added to the iodine; then the glycerin is added and the whole is digested at a gentle heat, with frequent agitation until the iodine is dissolved.

* * *

Iodoform collodion is generally made by dissolving 1 part of iodoform in 19 parts of flexible collodion.

* * *

Chloralose is too dangerous as a hypnotic and has practically been discarded.

* * *

Chinosol is chemically potassium oxyquinolin sulphonate. It is one of the least toxic of all antiseptics and germicides. A description of it will be found in the U. S. Dispensatory, last (19th) edition, p. 1444. In gonorrheal vaginitis I use it in strengths as high as 1 in 500; have never noticed the slightest deleterious effect. For irrigating the male bladder I use it in strengths of 1 in 5000 to as high as 1 in 1000.

* * *

If the urethra is washed with a boric acid or normal saline solution preparatory to giving an astringent or germicidal injection, the latter will act much more efficiently and more positively.

* * *

The one remedy which gives the best results in diabetes inspidus is atropine; next to it comes ergot. Both combined do still better.

* * *

We should be careful in giving iodine or iodides to women for any length of time; they have a positive tendency to diminish the size of the breasts.

* * *

In Exophthalmic goiter quinine hydrobromide and ergotin are the remedies of choice.

* * *

The dose of yohimbin is 1/12 grain. It is of value in neurasthenic impotence only. If the impotence depends upon a posterior urethritis or prostatitis. the condition may become aggravated under yohimbin administration.

* * *

The dose of zinc phosphide is 1/20 to 1/6 gr. Why it has been discarded from the U. S. P., when so much trash has been left in, is one of the mysteries which nobody can explain.

* * *

Canada liniment (Linimentum Opii Compositum) has the following composition: Tr. opium, 1 1/2 ozs.; camphor, 2 drams; alcohol, 4 ozs.; ammonia water (10%), 3 drams; oil of turpentine, q. s. to make 16 fl. ounces. A good liniment for lameness of back and sprains.

* * *

Cod liver oil is indicated in all cases of rickets—even if the children are very fat. Cod liver oil is not to be considered as an ordinary fat.

* * *

We cannot persuade ourselves that phosphorus in the elementary state is useful in any disease whatsoever. It should be discarded from our armamentarium.

* * *

Do not inject in the urethra or bladder any solution containing glycerin. It is irritating.

* * *

In pyloric stenosis try 2-grain doses of thiosinamine 3 times a day per os. It is harmless and it may do much good: I should hardly care to annoy the patients with hypodermatic injections, unless the stenosis was of a serious character.

* * *

In ulcer of the stomach the finely subdivided hydroxide of bismuth (cream of bismuth, lac-bismo, milk of bismuth) is superior to the subnitrate or subcarbonate. If the latter salts are prescribed, they should be given in conjunction with a little acacia.

* * *

When we give bismuth in ulcer of the stomach the organ should be empty; if it contains food the bismuth will produce little or no effect.

* * *

Acne Due to Digestive Derangement.

Creosote	½ min.
Cerium Oxalate	2 gr.
Pepsin U. S. P.	1 gr.
Strychnine Sulphate	1/60 gr.
Tinct. Belladonna	2 min.
Podophyllotoxin.	1/10 gr.

For one capsule. One to be taken after each meal, and at bedtime if necessary.

LOCALLY.

Salicylic Acid	20 gr.
Oil Eucalyptus	10 min.
Boric Acid	30 gr.
Oint. Zinc Oxide	
Oint. Rose Water, of each.	4 dr.

Treatment of Tuberculous Cystitis.

According to Dr. O. Horwitz, the first thing to do in the treatment of tuberculous cystitis, is to combat the purulence of the urine and the pain in the bladder by means of salol or guaiacol carbonate combined with analgesics. He uses either of the following rescriptions:

Codeine sulphate	5 grs.
Salol	90 grs.

Dispense in 20 cachets.
One cachet after each meal.

Codeine hydrochlor	5 grs.
Extract of cannabis	5 grs.
Guaiacol carbonate	75 grs.

Dispense in 20 capsules.
One capsule after each meal.

Ammoniacal fermentation of the urine is treated by means of urotropin, 5 grains, four times a day, in cachets.

and Enemies as Well!

Vol. X. DECEMBER 1907. No. 6

THE MEDICO-PHARMACEUTICAL

DEC 21 1907

CRITIC AND GUIDE

WILLIAM J. ROBINSON PH.G. M.D., EDITOR

A Journal of Individuality. No policy except the policy of Truth, Honesty and Fairness. Every Reader has an equal show with the Editor to express his Opinion. No padding. No dead Matter. Every line interesting. All Frauds and Humbugs fearlessly Exposed.

CONTENTS.

Editorials and Editorialettes.

A Remedy for Pessimism in Medicine..145
The Lodge and Medical Aid Society Evil 147
A Word for the Detail Man.....148
Correspondence with a Fake Nostrum Concern and a Moral.....149
A World-Wide Difference.....152
A Funny Food Commissioner.....152
Are Physicians "Drug Dopers?".....153
How the Pure Food and Drug Act Aids Fraudulent Nostrums.....154
Will Quackery Always Exist?.....155
Do Drugs Ever "Cure?".....156
Campho-Phenique.....156
Announcement: The Medical Jurist...157
A Formula for the Prevention of Conception 157
Dr. Rupert Wells, The Cancer Quack..158
"No Proprietaries for Silver City."...158
"State Science." 158
A Professional Card.....158

American Medical Editor.

The Boston Med. & Surg. Journal, N. Y. Medical Journal, Medical Standard, Illinois Medical Journal, The Medical World, The Intern. Journal of Therapy.....159
The Voice of Authority in Medical Studies 160
Newspaper Prescribing 160
Suicides of School Children 161

Original Articles.

The Hardships of the Professional Pharmacist. By Edmund F. L. Jenner 163
"Cranks, Germs, and Disease." By Elmer Lee, A. M., M. D.....165
The Infirmities of Old Age. By W. T. Marrs, M. D. 16
Useful Items 168

Gloomy Prognoses.....169
Intuition in Prognosis 169
Laughter and Long Life.....170

Letters to the Editor.

Christian Science.....171
The Leucocytogenic Action of Collargolum 171

Some Light Matter — Just for a Change.

A Clever Imitation.....173
Able to Suggest One.....174
The Doctor Woman.....174
A Doctor's Letter 175
The Shoe-Leather Cure 175
A Man's Ideal.....176
Benny's Composition on the Hen.....176
Awful, But True.....177
Prayer and the Toothache.....177

Book Notices.

Dyspnea and Cyanosis. Neusser.....178
Internal Secretions. II. Sajous.....178
Nervous Diseases.....178

Therapeutic and Pharmacologic Hints 179-180

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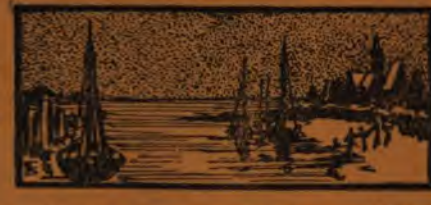

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DOSE.—One or two capsules before meals, gradually increasing the dose to 12 daily

E. FOUGERA & CO., New York

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in

SYPHILIS

Cypridol is the *specific bin-iodized oil* (1% strength) of Fournier, Panas and other French specialists; preferable to other mercurial preparations, since it does not cause diarrhoea or salivation.

Administered by deep intramuscular injections in the gluteal region, or in capsules by the mouth, each of which is equivalent to 1-32nd of a grain of red iodide of mercury.

Dispensed in original bottles of 50 capsules, and in ampulas of 2 c. c. each, or in 1 ounce bottles for injection.

Prepared in the laboratories of VIAL of Paris.

Agents, E. FOUGERA & CO., New York

Lest Ye Forget

Permit us to remind you once more that two tablespoonfuls of *Colden's Liquid Beef Tonic*, administered ten minutes before each meal, will sharpen the appetite, increase the quality and quantity of the gastric juice, and add tone to the entire digestive tract.

For the treatment of all cases of dyspepsia due to deficient gastric juice and a decreased gastro-intestinal motility, *Colden's Liquid Beef Tonic* will be found remarkably efficacious. Write for sample and literature. Sold by all druggists.

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115-117 FULTON STREET, NEW YORK

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BOVININE, applied topically to any form of ulceration, will bring about a more rapid healing than where any other form of dressing is employed.

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Strength:—It contains 6.66 grains of Iodine in each fluid ounce, which equalls 6.72 grains gaseous Hydrogen Iodide (1.28%)

Dose:—From one to three teaspoonfuls.

Method of Administration:—The remedy should always be given when the stomach is empty. The most favorable time for administration is half an hour BEFORE meals. The dose should be diluted with half a glass of water to promote rapid absorption.

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The whole maintained in stable solution in a decidedly palatable, carminative, mildly alcoholic (15%) vehicle.

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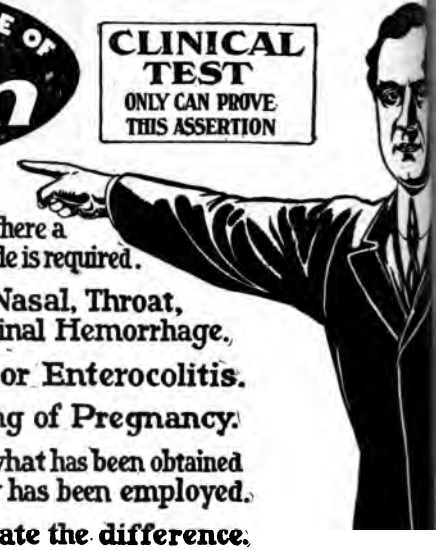

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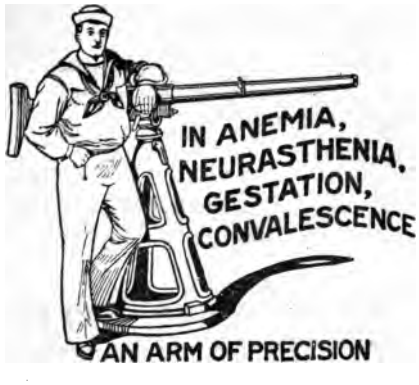

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No. of cases treated 641	No. with gonorrheal history 462	No. with no venereal history 179	No. complicated with vesiculitis 391	Com. with prostatic urethritis 542
Com. with cystitis 377	Chronic inflammatory enlargement 583	True indurated hypertrophy 6	Gleet 231	Proctitis 176	Stricture 46
Tuberculosis 1	Carcinoma or Sarcoma 0	Syphilitic 5	Insomnia 28	Neurasthenia 37
Paraparesis 9	Hemiparesis 5	Impotency 341	Metastatic rheumatism 63	Metastatic gon. appendicitis 3
Varicocele 497	Nervous indigestion 57	Interstitial nephritis or Bright's dis. 3	Diabetes Mel. 2	Prostatectomy 5 Supra-pub. 2 Perineal 3
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See "New and Non-Official Remedies," 2d Edition, page 130

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Venereal and Skin Diseases

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VIN MARIANI

GUARANTEED UNDER FOOD AND DRUGS ACT, SERIAL No. 440

A NUTRIENT TONIC WINE OF IMPORTED FRENCH BORDEAUX, WITH A SPECIAL PROCESSING OF LEAVES OF ERYTHROXYLON COCA. PREPARED AND BOTTLED AT OUR NEW YORK LABORATORY FROM THE ORIGINAL FORMULA AS FIRST INTRODUCED BY ANGELO MARIANI, PARIS, FRANCE, NEARLY A HALF CENTURY AGO.

WHILE COCA IS A CONSTITUENT PART OF ITS FORMULA VIN MARIANI IS NOT "COCA WINE" IN ACCORDANCE WITH THE U. S. PHARMACOPOEIA OR NATIONAL FORMULARY. DO NOT CONFOUND VIN MARIANI WITH COCA COMBINATIONS, ALL OF WHICH, MADE YEARS AFTER THIS ORIGINAL TONIC WINE, BASE THEIR PROPERTIES UPON THE PRESENCE OF COCAINE.

WE HAVE ALWAYS EMPHASIZED OUR USE OF COCA LEAVES SELECTED FOR AROMATIC AND MEDICINAL QUALITIES AND, AS EVEN THE NEGLIGIBLE CONTENT OF ALKALOID IN SUCH LEAVES IS NOT ESSENTIAL TO OUR FORMULA, OUR PROCESSING NOW ENTIRELY ELIMINATES EVERY TRACE OF COCAINE FROM THIS PREPARATION.

VIN MARIANI IS SO GUARANTEED ON THE LABEL UPON EACH BOTTLE ISSUED BY US SINCE EARLY IN MAY, 1907.

MARIANI AND COMPANY

NEW YORK: LABORATORY AND OFFICE, 52 WEST 15TH STREET.

PARIS FRANCE: 41 BOULEVARD HAUSSMANN, LABORATORY, NEUILLY-SUR-SEINE

CHINOSOL

(Pronounced Kinno sol)

Not a mixture, but a definite chemical compound.
Chemical Formula: $C_9 H_6 N. OSO_3 K.$

A MOST REMARKABLE

Antiseptic, Germicide, Disinfectant and Deodorizer

A Sovereign Remedy in

LEUCORRHEA

VULVO-VAGINITIS OF SPECIFIC AND NON SPECIFIC ORIGIN.

Prompt, efficacious, non-irritating. Free from the toxic a irritating properties of bichloride and the staining properties potassium permanganate.

Use in strength of 1:1000 to 1:500 (one or two tablets to quart of hot water.)

IN URETHRITIS OF THE MALE, SPECIFIC AN NON-SPECIFIC, IN CYSTITIS, FOR BLADDER IRRIG TIONS, USE IN STRENGTHS OF 1:5000 to 1:1000.

Immediate results will convince you that

CHINOSOL

has no equal as

A Non-Poisonous Antiseptic and Deodorizer.

Powder and Tablets
Full Literature on Request.

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